MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
-	CEPTIFICATE	OF	DEATH	

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		DY Com 13	11 123	19 215/1	8 m	•		Reg. Di	st, No.		
1. PLACE OF DEATH g. COUNTY	ALLEGANY		MARYLAND	2. USUAL RÉSID o. STATE			l lived. If institution b. COUNTY		GAN		ion)
CUMBER		28	HRS.	4.0	OWN (IF	•	rate limits, write R	URAL ond	give nea	rest town	}
d. NAME OF HOS OR INSTITUTION MEMOR I	PITAL MEMORIAL SHOP	SP'CTAT' AVES		d. STREET A							IDENCE FARM? NO
3. NAME OF DECEASED (Type or print)	First MAI	RY	Middle	AARON		4. DATE OF DEATH	Mon	h RCH	Day I C		Year 19 59
5. SEX FEMALE	LIMITE	MARRIED NEVE	ER MARRIED	B. DATE OF BIRTH		90	9. AGE (In years lost birthday) O yrs.	-	Doys		R 24 HRS. Min.
100. USUAL OCCUPA during most of w Houseke	TION (Give kind of wark dane orking life, even if retired)	106. KIND OF BU		STRY 11. BIRTHPL			ountry)	12. CI	_	S.A.	COUNTRY?
13. FATHER'S NAME	Joseph H. WELLE	R		14. MOTHER'S	MAIDEN I						
15. WAS DECEASED E (Yes, no, or unknown)	VER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			MEMORIAL			CUME	BERLA	ND,	MARY	LAND
Canditians, if gave rise to cause (a), statin lying cause las	ony, which immediate og the under-	Deafiles	lenter e	& Hyper	bose	re Con	dio-re	Mu	17	7.7	lvis
CATR	THER SIGNIFICANT CONDITION							EN IN PAR	T 1(0) 19	PERFO	AUTOPSY RMED? NO [
THER, NOTE	VAS UNDERLYING (1) 20b. NG (1) CAUSE OF DEATH FY MEDICAL EXAMINER)	DESCRIBE HOW I	INJURY OCCURRE	D. (Enter nature al	injury in	Port I or Port	II at item 18.)				
20c. TIME OF INJU Hour a. m p. m). 19 W	0d. INJURY OCCU /hile Not wh I work at work	ile fa	ACE OF INJURY II clary, street, affice	tome, farm bldg., etc	n, 20f. (City	or tawn)	(County)		(State)
21. I certify alive an	that I attended the dec			, 19.50 accurred at	2:40		the causes a reet, city or town.	nd an t	last sa he dat	e state	deceased ad above, ATE SIGNED
PHYSICIAN'S NAME (Type)	W. A.VAN	ORMER			Cu	me	rend	'm	w.		
220 BURIAL CREMAT REMOVAL (Specif Burial			OF CEMETERY OF CEMETER OF C	R CREMATORY			ion (city, town, o		ryla	(Slote	=}
23. FUNERAL DIRECTO Ruth E.	m + m	ADDRE	SS			D BY REGIST		TRAR'S SI			

MARY SHAPE THAT THE MENT ON THE ATTHE CONTINUES IN STREET TO STREET fell .

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

02495

25	OR CERTIFICA	TIE OF DEATH	Reg. Dist.	. No.
1. PLACE OF DEATH o. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE MARYLAND		GANY
b. CITY OR TOWN (If outside corporate limits, v RURAL and give nearest tawn) CUMBERLAND	c, LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo CUMBERLAND	rate limits, write RURAL and giv	re nearest town)
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION HOSPITAL	street address)	d. STREET ADDRESS 719 MARYLAND	AVENUE	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) VIR	Middle RGINIA Clara	AFRICA 4. DATE OF DEATH	Month MARCH	Doy Yeor
The same of the sa	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH JANUARY 6, 1906	Lorent Brook March	YEAR IF UNDER 24 HRS. Poys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Housewife	Own Home	STRY 11. BIRTHPLACE (State or foreign of MARYLAND, CI		U.S.A.
GEORGE S. EASTON		14. MOTHER'S MAIDEN NAME LULA A. EVER	SOLE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES [Yes. no. or unknown) (If yes, give were or dates of service		NFORMANT MEMORIAL HOSPITAL -	WARWIENE MEM CUMBERLAND, M	
18. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [o] / 5 3.8 DUE TO Conditions, if any, which gave rise to immediate couse (a), stating the under- lying couse fost. (c)	Carunom, Color Carunom, Color Card Pen	etrotale of speeding to	bones	interval between onset and death
CATI		NOT RELATED TO THE TERMINAL DISEAS		1(a) 19, WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a. m.	20d. INJURY OCCURRED 20e. PL	D. (Enter nature of injury in Part I or Part ACE OF INJURY (Home, form, 20f. (City street, office bldg., etc.)		unty) (State)
21. I certify that I attended the de alive on 14 mar ACTUAL SIGNATURE aullon Brushistan's DR. CARLTON B	12.57 , and that death	accurred at 2:25 A.M. from	n the causes and an the treet, city or Jown, state)	st saw the decease date stated above DATE SIGNE 3-14-59
220. BURIAL, CREMATION, 226. DATE THEREOF Burial 3/17/59	22c. NAME OF CEMETERY O		ION (City. town, or county) erland, Maryla	(Stote) and
23. FUNERAL DIRECTOR'S SIGNATURE John J. Hafer, Cumber	ADDRESS land, Maryland	240. REC'D BY REGIST DATE MAR 1 9	RAR 246. REGISTRAR'S SIGN	IATURE

THE SHOP OF THE STATE OF THE ST NDAME AND STADISTICAL WARRENCE ŧ . ANT WILL TO A STATE OF THE PARTY OF THE PART

FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in them 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be symmetred to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files. ed agent, prior to burial, cremation, or remayal, and in any event within 72 hours after death. ar its designor VS. A15ME

5M 2/37

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

							atog, orst, ret	· ·
PLACE OF DEATH	2010				Where deceased li			fore admission)
	legany		MARYLAND	Mar:	yland	b. COUNTY	Alleg	any
	autside carporate limits, will	+ RURAL	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporate	e limits, write f	RURAL and give A	learest town)
Frostburg			3yrd.	22 Fros	thurg			
d. NAME OF HOSPITA	L OR INSTITUTION	If not in hosp	oitat, give street address)	d. STREET ADDRESS				e. IS RESIDENCE
Miners Ho	spital_	and the state of t		65 E. Ma	ain St.			YES NO
NAME OF DECEASED (Type or print)	Nelson	Tr.	Junior	Albright	4. DATE OF DEATH	Alas	1 9 G	1959
SEX	6. COLOR OR RACE	7. MARRIE	D MEVER MARRIED	The Court of the C			IF UNDER TYEAR	IF UNDER 24 HRS.
M	W						Months Doys	Hours Min.
. USUAL OCCUPATIO	N (Give kind of work	done 10b. K	IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign countr	γ)	12. CITIZEN O	F WHAT COUNTRY?
Mechanic	i ilie, even il remedi	P	& K Garage	Marylan	nd		U.S.	A.
3. FATHER'S NAME								
Nelson Wm	. Albrigh	ht		Leona Fa:	zenbake:			
S. WAS DECEASED EVE	R IN U. S. ARMED FO	survice)	The second second second					
No	NONE	22	0-28-9967 M	r. Robert	Garlock	Rt.#2	2 Zihlm	an,
PART I. DEAT 7547 Conditions, if on gove rise to immed (a), storing the u	H WAS CAUSED BY: MMEDIATE CAUSE (o DUE TO y, which) ioto cause	Rt	Great a	Grandy Menny	al an	enre.	IME ONS	IT AND DEATH
	ER SIGNIFICANT CON	DITIONS CO					N IN PART I(o)	9. WAS AUTOPSY PERFORMED? YES NO
	TRIBUTING	J. DESCRIBE	NOW INJOH! OCCURRED. [tines notice of injury in Fo	OF TOTE OF THE	em (8.)		£
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	While	Not while fact	CE OF INJURY (Home, forr ory, street, office bldg., etc	m, 20f. (City or k	own)	(County)	(Stole)
21. I certify th	at I taak charge	of the r	emains described abo	ve, held an Autaps	y 🗷 , Inspe	ction ,	Inquiry 📉	, and in my
apinian death	resulted fram:	Natural c	auses Accident			. Undeter	mined manne	DATE SIGNED
EXAMINER'S NAME (Type)	00 7	10/	anellik lis	1		- /	1959	7
	1, 226. DATE THEREC	OF I	22c. NAME OF CEMETERY OR	CREMATORY	22d LOCATION	(City, town, or	county)	(State)
Burial	4-1-59		Fort Ashby	Cemetery	Fort	Ashby	W.	Va.
LEUNERAL DIRECTOR	SIGNATURE H	afer :	ADDRECT	las and	D BY REGISTRAR			
Euleh H W	ulesant 2:	3 E.	Main, Frost	ourg Md BATEAP	R 2 '59	and	huy S. Know	4
	B. COUNTY A1 b. CITY OR TOWN (III.	B. COUNTY Allegany b. CITY OR TOWN (II outside corporate limits, with and give revotal town) Prostburg d. NAME OF HOSPITAL OR INSTITUTION (Miners Hospital NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE M W O. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) We chanic FATHER'S NAME Nelson Wm. Albrigh W. WAS DECEASED EVER IN U. S. ARMED FOR MONE 18. CAUSE OF DEATH (Enter only one company of the company) If yes, give wor or dotes of NO 18. CAUSE OF DEATH (Enter only one company one company of the company) O. EXTERNAL CAUSE WAS PRIMARY (I) or CONTRIBUTING (I) 200. EXTERNAL CAUSE WAS PRIMARY (I) or CONTRIBUTING (I) 200. EXTERNAL CAUSE WAS PRIMARY (I) or CONTRIBUTING (I) 200. EXTERNAL CAUSE WAS PRIMARY (I) or CONTRIBUTING (I) 200. EXTERNAL CAUSE WAS PRIMARY (I) or CONTRIBUTING (I) 200. EXTERNAL CAUSE WAS PRIMARY (I) or CONTRIBUTING (I) 201. I certify that I tack charge apinian death resulted fram: ACTUAL SIGNATURE EXAMINER'S (I) D. BURIAL CREMATION. (22b. DATE THERE EXAMINER'S NAME (Type) 10. BURIAL CREMATION. (22b. DATE THERE EXAMINER'S NAME (Type) 10. BURIAL CREMATION. (22b. DATE THERE EXAMINER'S NAME (Type) 10. BURIAL CREMATION. (22b. DATE THERE EXAMINER'S NAME (Type) 10. BURIAL CREMATION. (22b. DATE THERE EXAMINER'S NAME (Type) 10. BURIAL CREMATION. (22b. DATE THERE EXAMINER'S NAME (Type) 10. BURIAL CREMATION. (22b. DATE THERE EXAMINER'S NAME (Type) 10. BURIAL CREMATION. (22b. DATE THERE EXAMINER'S NAME (Type) 10. BURIAL CREMATION. (22b. DATE THERE EXAMINER'S NAME (Type) 10. BURIAL CREMATION. (22b. DATE THERE EXAMINER'S NAME (Type) 10. BURIAL CREMATION. (22b. DATE THERE EXAMINER'S NAME (Type)	B. COUNTY Allegany b. CITY OR TOWN (II outside corporate limits, write RURAL and give morest fown) Prostburg d. NAME OF HOSPITAL OR INSTITUTION (II not in hosp Miners Hospital NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE WIDOWED 6. COLOR OR RACE WIDOWED OU. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) We chanic 8. FATHER'S NAME Nelson Who Albright 8. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S. R. M. O. S. UNINOWN) 18. CAUSE OF DEATH (Enter only one couse per line for part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 7. S. IMMEDIATE CAUSE (o) PART II. OTHER SIGNIFICANT CONDITIONS CO 200. EXTERNAL CAUSE WAS PRIMARY ID or CONTRIBUTING ID CAUSE OF DEATH. 200. TIME OF INJURY Month, Doy, Yeor Which gove rise to immediate cause look, storing the underlying couse tost. 200. EXTERNAL CAUSE WAS PRIMARY ID or CONTRIBUTING ID CAUSE OF DEATH. 201. I certify that I taak charge of the recognition death resulted fram: Natural conditions death resulted fram: Natural c	b. CITY OR TOWN (II obtide corporate limits, write RURAL or LENGTH OF STAY IN 16 TOS thurs diver account town) Fros thurs 3yrs. d. NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give street address) Miners Hospital NAME OF DECEASED (ivpo or print) Nelson SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED OUSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Willowed Divorces DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED P & K Garage B. FATHER'S NAME Nelson Wm. Albright S. WAS DECEASED EVER IN U. S. ARMED FORCES? In mo, or winhown) If yen, give word or debas of fewrich No NONE 10. SOCIAL SECURITY NO. 17. 18. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE OF PRATH [Enter only one couse per line for [o], jb), and [c].] PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN CO. EXTERNAL CAUSE WAS PRIMARY DO'CONTRIBUTING TO DEATH BUT IN 200. EXTERNAL CAUSE WAS PRIMARY O'C CONTRIBUTING TO CONTRIBUTION TO CONTRIBUTION TO CONTRIBUTE TO CONT	D. CITY OR TOWN II bounds expressed limits, wide RUPAL D. CITY OR TOWN II would expressed limits, wide RUPAL C. LENGTH OF STAY IN 16 C. CITY OR TOWN II POS tourg d. NAME OF HOSPITAL OR INSTITUTION (II not in hospirot, give street address) Miners Hospital Nelson First Market Or Hospital Or Institution (II not in hospirot, give street address) Miners Hospital Nelson First Market Or Hospital Nelson SEX C. COLOR OR RACE First Middle Lost Albright S. DATE OF BIRTH WIDOWED DIVORCED 1-2-1934 C. USUAL OCCUPATION (Give kind of work done) OUSUAL OCCUPATION (Give kind of work done) OUSUAL OCCUPATION (Give kind of work done) OUSUAL OCCUPATION (Give kind of work done) D. EATHER'S NAME Nelson Nelson Marylan 14. Mother's Maiden Leona Fa. S. WAS DICEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT No. Wildle S. WAS DICEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT No. WILDLE TO Conditions if only, which gover first to immediate course 10), totaling the underlying Course foot. PART II. DEATH WAS CAUSED BY: MINEROLATE CAUSE (O) DUE TO Conditions if only, which gover first to immediate course 10), totaling the underlying Course foot. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 20. EXTERNAL CAUSE WAS REMARY OF CONTRIBUTING 20. ETTERNAL CAUSE WAS REMARKETS AND OF CONTRIBUTING 20. ETTERNAL CAUSE WAS REMARKETS AND OF CONTRIBUTION 21. I certify that I tack charge of the remains described above, held on Autop: OUT	D. CITY OR TOWN If it each disc expensels first, write RURAL D. CITY OR TOWN If it each disc expensels first, write RURAL C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If each first or country in the BURAL C. CITY OR TOWN (If each first or country in the surface of STAY IN 16 C. CITY OR TOWN (If each first or country in the BURAL C. CITY OR TOWN (If each first or country in the surface of STAY IN 16 C. CITY OR TOWN (If each first or country in the BURAL C. CITY OR TOWN (If each first or country in the surface of STAY IN 16 C. 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CHTY OR TOWN (if would ecoporate limits, write RUPAL C. CHTY OR TOWN (if would ecoporate limits, write RUPAL C. STREE ADDRESS d. STREET ADDRESS d. STREET ADDRESS Main St. MACE or post In Middle DATE DATE

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02497

2505 **CERTIFICATE OF DEATH**

Reg. Dist. No.

1. PLACE OF DEATH	Allegan	y	MARYLAND	II o. STATE	Maryl		lived. If institution b. COUNTY	Alleg		ision)
b. CITY OR TOWN (RURAL and give n Cumbes		, write c. LENG	O/13/194	11	Mt. S		ote limits, write R	URAL ond give	negrest tow	m}
	Allegany		Infirma	d. STREET					ON	SIDENCE A FARMS
3. NAME OF DECEASED (Type or print)	First	n	Middle		ight	4. DATE OF DEATH	March		Day	Yeor 19 59
5. SEX Female	9.87 a d da a	7. MARRIED I	DIVORCED	B. DATE OF BIR	/1880	9	AGE (In years last birthday) 78 yrs.	Months Day		-
10a. USUAL OCCUPATION during most of wor Retired 13. FATHER'S NAME	ON (Give kind of work do king life, even if retired) - Laundry		e, Laundr	y Ma	rylan s MAIDEN N	ıd	intry)		S. A	T COUNTRY!
	Levi Albr	ight		TH. MOTHER			Coontz			
15. WAS DECEASED EVI (Yes, no. or unknown) V NO	ER IN U. S. ARMED FORCE (If yes, give wor or dates of sen	ES? 16. SOCIAL NO.N		INFORMANT P	-			"Cumbe		
PART I. DE	ony, which) (b)	chron	i. (b). ond (c).) rice m. eleral	arke	iel a	mou	efficie		NTERVAL B DNSET AND	
gave rise to incouse (a), stating lying cause last.	the under- DUE TO (c)	Arı	Gritis	- ccy-	loru				?,	
OTATION OF	HER SIGNIFICANT COND	li de	et cito	LAFEE		NAL DISEASE	CONDITION GIV	EN IN PART 1(d	PERF	AUTOPSY DRMED?
OR CONTRIBUTING	AS UNDERLYING CONTROL OF DEATH MEDICAL EXAMINER)	Ob. DESCRIBE HO	OW INJURY OCCURR	ED. (Enter noture	of injury in P	ort I ar Part	ll of item 18.)			
ZOc. TIME OF INJUIT Hour a. m. p. m.	RY Month, Doy, Year 19		l while	LACE OF INJURY sclory, street, offic	fHame, farm, ce bldg., etc.	20f. (City o	or town)	(Coun	ity)	(State)
21. I certify the alive on	nat I attended the of 15/59	8.72	head	CMD. 1	9 Gre	en St	the causes a set, city or town,		date stat	
PHYSICIAN'S NAME (Type)	Dr. James	E. Mc.	Lean	C	umber	rland,	Md.			
220. BURIAL, CREMATIC REMOVAL (Specify Burial 23. FUNERAL DIRECTOR	March	1959	Methodi Dress	st Cem		Mt.S	ON (City, town, o		(Sto	te)
	s L. George			Md.	DATE MA	R 9 15		TRAR'S SIGNA		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 10/57

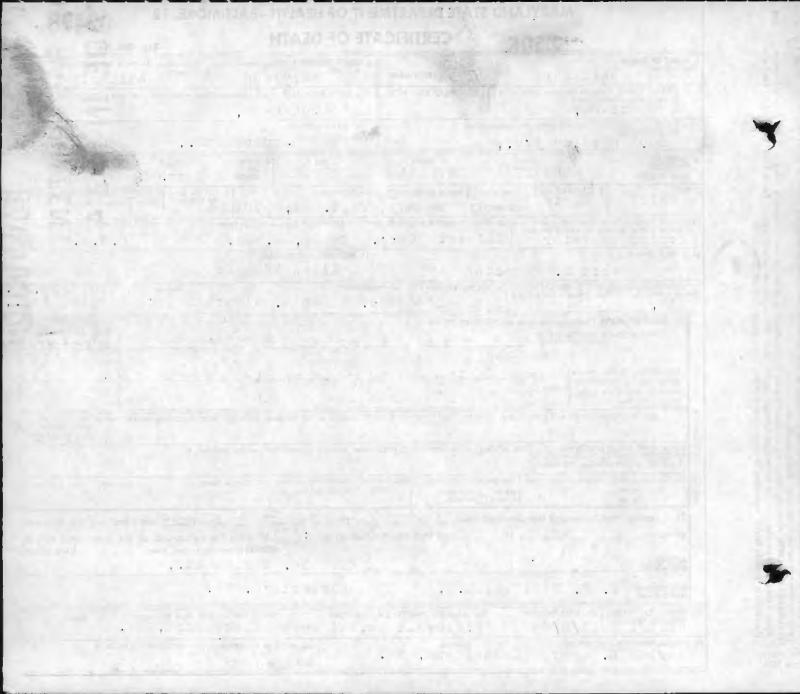
ST TENET ME BOME GODINE SHIPSTATE CHALLINA nowly a series mental total wants reserved to the first to . . . 70 The state of the s and the first of the same of t 3/1/2 The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

02498

	4011		GERTIN	OA II	. 01 01.7	*****		Reg. Dis	it. No.	
1. PLACE OF DEATH o. COUNTY	Allegany		MARYLA		S. SIAIC	E (Where deceosery land	ed lived. If institu b. COUNT	V -	lega	
RURAL ond give n	If outside corporate limits, vectorest town) and	rrite c. I	LENGTH OF STAY IN	1b		I (If outside corp	porote limits, write	RURAL and g	give neare:	st town)
OR INSTITUTION	TAL (If not in hospital, give larding Ave		ess)	1	d. STREET ADDRE		Ave.,			IS RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	HARRY		WILLIA	M A	L DERTON	4. DATE OF DEATI		nth C h	Day 5.	Year 19 59
s. sex Male		DOWED [] DIVORCED [S	TE OF BIRTH			Months		UNDER 24 HRS.
Machine o	ON (Give kind of work done king life, even if retired) perator		of Business or i		Davis,				J.S.	WHAT COUNTRY?
13. FATHER'S NAME	rry E. Ald	erto	R	14	MOTHER'S MAID	Edwar Edwar	:ds			
15. WAS DECEASED EVE [Yes, no, or unknown] NO	R IN U. S. ARMED FORCES' (If yes, give war or dates of service		-07-4982	Mrs.		A. Alc				rland, M ing Ave
PART I. DEA 420. / Conditions, if o gove rise to i couse (o), stoting lying couse tost.	mmediate DUE TO	Tor	oron	ear	Arts	rom	Dise	ass	ONSET	AL BETWEEN AND DEATH ALL LOW
CA	S UNDERLYING 206		HOW INJURY OCC					VEN IN PART		WAS AUTOPSY PERFORMED? ES NO (2)
	Y Month, Doy, Year 2	Vhile	Y OCCURRED 200 Not while at work	e. PLACE O factory,	F INJURY (Home, street, affice bldg.	form, 20f. (Cit	y or town)	(C	ounty)	(State)
21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN NAME (Type)	R. J. Willi	12 V1	, and that de	eoth acc	122 Sc	ADDRESS (tre St.	and on th	ast saw e date	the deceased stoted above. DATE SIGNED
270. BURIAL, CREMATIO REMOVAL (Specify)	N, 226. DATE THEREOF 3/8/59		NAME OF CEMETER			22d. 10CA	TION (City, town, nberlan	or county)	•	(Stote)
Charles I		umbe	ADDRESS rland, N	id.		REC'D BY REGIS		STRAR'S SIG	NATURE	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. Ne PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admiss on a. COUNTY b. COUNTY files Health, 1.6 manvMARYLAND b CITY OR TOWN I touture to porate limits write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If guiside corporate limits, write RLRAL and give nearest town) Cumberland Cumberland d, NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RETAD IN E Constitution Park AAK in MECHENIC YES NO X 3 NAME OF Middle DATE DECEASED DEATH (Type of print) 9. AGE (In year) IF UNDER TYPAR IF UNDER 24 HRS 5. SEX 6 COLOR OR RACE / MARRIED | NEVER MARRIED | 8. DATE OF BIRTH feet birthdays Months Hours WIDOWED | DIVORCED TO 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) a P. . rket mary Land Sive Pages 1. File pages 1 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME ma ckart E.mraa Go ree V. Amen, Sr. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Mrs. Elma man, Cumperling, ma. 18 CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c). INTERVAL BETY CEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (a), sleting the underlying cousa lost. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLDS PERFORMED? 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 1) of item 18] 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, + 20f (City or town) 20¢ TIME OF INJURY Month, Dov. Year (County) (Stole) foctory, street, affice bidg., etc.) of work of work 2). I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry X. opinion death resulted fram: Natural causes 🔀 Accident 🗍 Suicide 🧻 Hamicide 🗍 Undetermined manner DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) 220 BURIAL CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 27d LOCATION (City, town, or county) REMOVAL (Specify) Pauls Cumber Lerie. Pater Com. ADDRESS 24a REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE

BM 2/57



2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Month MARCH 9. AGE (In years last birthdoy) Address HOSPITAL, CUMBERLAND, MD. PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 19.5 that I last saw the deceased , and that death occurred at 0:30. AM, from the causes and an the date stated above. ADDRESS (Street, city for town, stole 22d LOCATION (City town, or county) 24b. REGISTRAR'S SIGNATURE 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

IS RES DENCE ON A FARM? YES NO

Year

19

IF UNDER I YEAR IF UNDER 24 HRS

12 CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO P

> > (Stote)

DATE SIGNED

(Stote)

Days

U-S-A-

(County)

Reg. Dist. No

Months



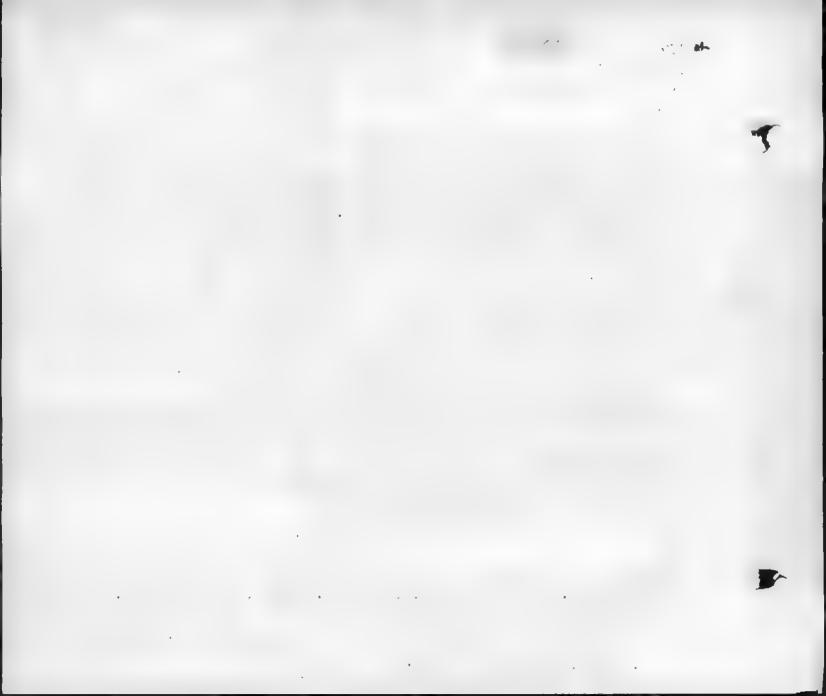
VS A1S (4) 1SM 10/S7 153

ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
2586	CERTIFICATE	OF DEATH	Reg. Dist. No.

02500

1 PLACE OF DEATH	llegany	MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE Maryland Allegany					
b. CITY OR TOWN	(If outside corporate limits, write	E LENGTH OF STAY IN 16		DWN (If outside corp.	seate limite write P			
RURAL and give	nearest town) rslie	Life	,	Ellersl		arve out file liet	iesi rowii)	
	ITAL (If not in haspital, give street		d STREET AC				ON A FARM?	
3 NAME OF DECEASED	First	Middle	Lost	4. DATE	Mon	th Day	Year	
(Type or print)	Charles	L. Bea	al	DEATH	March	3,1959	19	
S. SEX	6. COLOR OR RACE 7 MAR	RIED NEVER MARRIED	E DATE OF BIRTH		9 AGE (In years	IF UNDER TYEAR		
Male	White wow		Oct.13		last birthday) 81 yrs.	Months Doys	Hours Min,	
10a, USUAL OCCUPAT	ION (Give kind of work done 10b orking life, even if retired)	KIND OF BUSINESS OR INDI	USTRY 11 BIRTHPLA	CE (State or foreign o	country)	12 CITIZEN O	WHAT COUNTRY	
1000 d 40	d employee	Penna. Rail:	road Pa	lo Alto,	Pa.	USA		
13. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME				
J	ohn Beal		Nancy	Bennett	,			
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	INFORMANT		Add	ress		
No			Mrs. Vic	let Coop	er. Ell	erslie,	Md.	
18 CAUSE OF DE	ATH [Enter only one cause per ti	ne for (a), (b), and (c)]					RVAL BETWEEN	
PART I. DE	ATH WAS CAUSED BY:	Myscarli	.6	neter		ONS	ET AND DEATH	
4200	DUE TO							
Conditions, if	ony, which) (b)	Andrew	released in	Heart 1) a d Orin		4.61	
gave rise to cause (a), stating	immediate (75091	
lying couse lost								
O PART II O'	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMINAL DISEAS	E CONDITION GIV	EN IN PART 1(a) 19	WAS AUTOPSY	
Š		University	0	7. 7	. 0		PERFORMED? YES NO IN	
PART II O'	AS UNDERLYING CODES GOCAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRI	ED. (Enter noture of	Injury in Port I or Por	t II of item 18.)		THE THE PARTY OF T	
		NJURY OCCURRED 20e. P	LACE OF INITION ON	t not ie's				
20c. TIME OF INJU Hour a. m. p. m.	16 While		octory, street, office	ome, farm, 20f (City bldg., etc.)	or town)	(County)	(Slote)	
21. I certify t	hat I attended the deceos	ed from Jaker	. 19 57	to Mar	ch 1059	that I lost so	w the deceased	
alive onU)	59, , and that deat						
		1			treet, city or town,		DATE SIGNED	
ACTUAL SIGNATURE	with Y	7 Jan	MD		C. L.	×	3-5-17	
PHYSICIAN'S NAME (Type)	Williag	Y Jane		- Pum	Luland	i has		
BEHOVAL POSCIÓ		22c NAME OF CEMETERY OF STATES OF THE PROPERTY	Cemetery	22d. LOCA Hyr	tion (City, town, o	ennsylv	ania	
234FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS		24a. REC'D BY REGIS	IRAR 24b. REGIS	TRAR'S SIGNATUR		
Marvey N	Leider H	yndman, Pa.		DATEMAR 1 0 'S	9 00	Chur S. Krain	4	





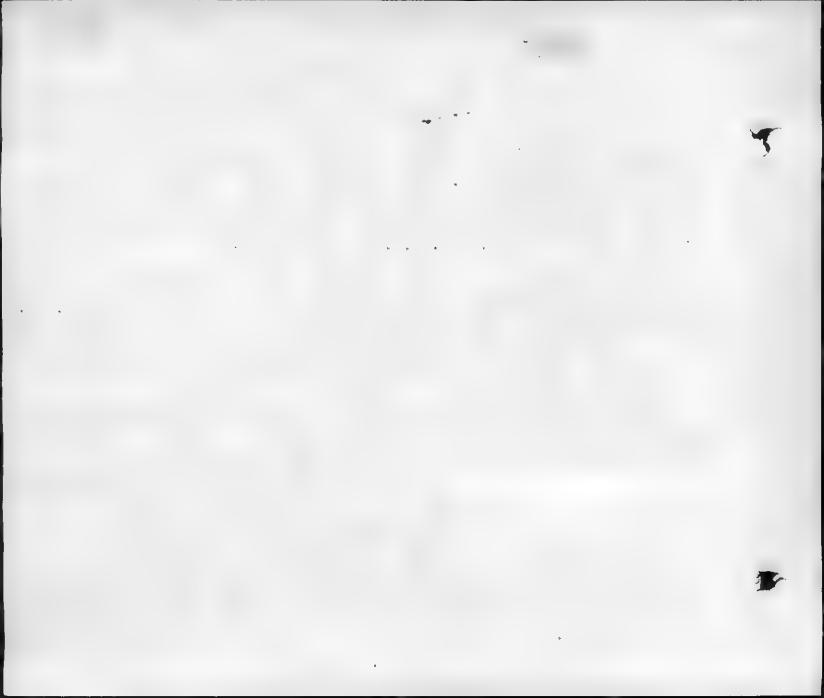
	1	
FØR	STAT	E PT,
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funcial director. Page mm. 4 should be awarded to the Chief Medical Examiner's Office along with form PM3. Page 3-may be retained for your files. TO PUNERA RECTOR: Page 3 should be used as a buriol-transit permit. File pages 1, and 2 with the State of of Health.	or its designated agent, prior to burial, cremation, or removal, and is any event within the flour after death.	0

V5 A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02502 Reg. Dist. No.

	ACE OF DEATH				2. USUAL RESIDENCE	(Where deceas	ed lived. If institut	ion; Residence be	fore admission)
0.	COUNTY	GALIY		MARYLAND	O. STATE	ALL	b. COUNTY	ع تأميليد ع	Y.
b. (CITY OR TOWN (III o	iulside carporale l mils, w. e	EJRAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corp	porote l'mits, write l		
	CITE RER	T. AND		30 years	Da CUMBUR	RIAJD			
d. 1			I not in hospi	loi, give street address)	d. STREET ADDRESS				e IS RESIDENTE
Ī	ILLIOLIAL	HOSPITA	- -i.		BOVIMI	S ADD	ITION_		YES NO
3 NA	LME OF CEASED	Firs	ı	Middle	Losi	4. DATE	Month	Day	Year
	pe or print)	HELRY		D. E(DIVIVER	DEATH	ala ren	1,	19 59
5. SEX		6. COLOR OR RACE	7. MARRIEE	NEVER MARRIED 3	Marks III Marks Marks				IF UNDER 24 HRS
- 7/	i:le	White	WIDOWED	DIVORCED	pril 21,1	1911	47 yrs.	Months Days	Hours Min.
10a t	ISUAL OCCUPATION	N (Give kind of work of life, even if retired)	lane 10b. Kil	ND OF BUSINESS OR INDUST	RY 11 BIRTHPLACE (SIO	te or foreign c	ountry)	12 CITIZEN O	F WHAT COUNTRY?
Ci	rmans H	elper	В.	& O. A.K.	WEST V	Inglh	IA	<u>U</u>	DA _
	ATHER'S NAME				14. MOTHER'S MAIDEN				
1	ILLERT	BONNER			ARBLI	LA Sh	ITH		
		R IN U. S. ARMED FO!		OCIAL SECURITY NO. 17 IN	IFORMANT		Address		* *
, , , , ,	NO		22	0 10 1214 M	E FONNER,	DOWMA	NS Firls	rion, C	U.L
1	B. CAUSE OF DEATH	H [Enter only one cou	se per line fo	or (a), (b), and (c)]			2	INTE	EVAL BETWEEN
		WAS CAUSED BY:		Carona	ry Aco	Case	on.	S	widen.
	1 1	DUE TO	~						
	Conditions, if on	y, which) (b)		Caranan	. Sclo	4051	C		
1 1 -	ove rise to immedi a), stating the u) Our ro			7				
	ouse lost.	(c).			/				
3	PART II, OTHE	R SIGNIFICANT CON	DITIONS CON	NTRIBUTING TO DEATH BUT N	OF RELATED TO THE TER	MINAL DISEAS	E CONDITION G.VE	N IN PART 1(0)	
CERTIFICATION].	PERFORMED? YES NO
20	Da. EXTERNAL CAUS	TRIBUTING (3)	b DESCRIBE	HOW INJURY OCCURRED (E.	nter nature of injury in P	ort I pr Fort II	of item 18)		
	AUSE OF DEATH.								
WEDICAL	Oc. TIME OF INJURY	Month, Day, Yea		for the	E OF INJURY (Home, fa ry, street, office bldg., e	rm. 20f. (City	or lawn)	(County)	(State)
M.E.C.	Hour e.m.	19	While of worl	Not while					
2	11. I certify the	at I toak charge	of the re	mains described abo	ve, held on Autop	osy 🔲, li	spection o,	Inquiry 🔀	, and in my
0	pinion death r	esulted fram: N	Natural co	suses 🔯. Accident [], Suicide [],	Hamicide	, Undeter	mined manne	er 🔲
		\sim	1-0	~ · · · · ·					DATE SIGNED
l s	GNATURE	Threed	w	SketarcCic	_M.D. CHIEF MEDICAL	EXAMINER [DATE SIGNED
	XAMINER'S				ASSISTANT MEDI	ICAL EXAMINE	R 🔲		
I I	MAME (Type) B	enedict S			DEPUTY MEDICA	L EXAMINER	2		3/4/1959
22o. 8	URIAL, CREMATION	226. DATE THEREO	F 2	TZC. NAME OF CEMETERY OR	CREMATORY D	224 LOCA	FION (City, town, o	r county)	(State)
E	Jr.II.L	Line To Age	1959	Durset Mata	ONIED / Call		erland,		A MARKET MARKET
	INERAL DIRECTOR'S		C 1	ADDRESS	240. RE	C'D BY REGIST	_	TRAR'S SIGNATUI	7
1	Lyron Ki	-5nt	Cuib	erlana, ma.	DATE	MAR 4	59 a	Thung S. Haw	uA



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

VS A15 (4) 15M 9/55 02503

Reg. Dist. No.

1. PLACE OF DEATH Allegany	MARYLAND	2. USUAL RESIDENCE (W. g. STATE Mary.		ion: Residence before odmission) Allegany
b. CITY OR TOWN (If outside corporate limits, writ RURAL and give negrest townling	e. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write in ing	RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give stre OR INSTITUTION	et address)	d. STREET ADDRESS	Hill	o is residence on a farm? yes \(\) no \(\)
3 NAME OF First	Middle	Lost	4. DATE Mo	nth Day Year
(Type or print) John	R.	Bradley	DEATH Marc	h 31 19 59
	ARRIED TO NEVER MARRIED	8. DATE OF BIRTH	9. AGE (n years lost birthdoy)	Months Days Hours Min.
Male White wood	WED DIVORCED	Nov 22,189	3 65 yrs	
100 USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired) Retired Celenease N	a. KIND OF BUSINESS OR INDU Torker		or foreign country) Ing, Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	02102	14. MOTHER'S MAIDEN		Utbane
John Bradle	7	TM.	artha Metz	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?		INFORMANT		dress
yes (If us, give wor or dates of service)		rs.John Bra	adley Lon	aconing, Md.
18. CAUSE OF DEATH [Enter only one cause pe PART I. DEATH WAS CAUSED BY:	r line for (0), (b), and (c).]	"Wlle"		INTERVAL BETWEEN
IMMEDIATE CAUSE (o)	CASONIENA	Cochi	ALAM	minule
420. / DUE TO	()	1 1		
Conditions, if ony, which a gove rise to immediate (b)	LATELVITA.	1 anlence	schenosi 5	Uper accord
casse (o), stoting the under-	C. (-	10		3
lying couse fast. (c)	1 generaling	40 Or 151	120 ocheror	Y Warry
PART II. OTHER SIGNIFICANT CONDITION 200 ACCIDENT WAS UNDERLYING 200. CONTRIBUTING	IS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CONDITION GI	VEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
	ESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Part 1 or Part II of item 18.)	
A Hour a.m. Wh		LACE OF INJURY (Hame, for actory, street, office bldg., et		(County) (State)
21. I certify that I attended the dece		195710 1-7	March 31, 195	I, that I last saw the deceased
alive an Teb 28 15	~ O			
anve an 1	22_1_ and that deat	n accurred at	ADDRESS (Street, city or town	and an the date stated above.
ACTUAL TO BE A VI	religh		area (and a cay or in in	331-2
SIGNATURE 4	1	. M.D.		3,13,1
PHYSICIAN'S NAME (Type)	Les de 11	Losas	· · · · · · · · · · · · · · · · · · ·	4
Burial (Specify) 4/3/59	22c. NAME OF CEMETERY OF Laurel Hi.	or CREMATORY 11 Cemetery	MOSCOW,	ar county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC		ISTRAR'S SIGNATURE
George Eichhorn L	onaconing, h	DATE DATE	D 6 750 C.	-1 - 0 de -



OR STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is recessary please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be convarded to the Chief Medical Examiner's Office along with form PM3. Page 7 may be, retained for your files.

TO FUNERA RECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State of Mealth, or its designated agent, prior to burial, cremotian, at removal, and in any event within 1 hierardiffer death.

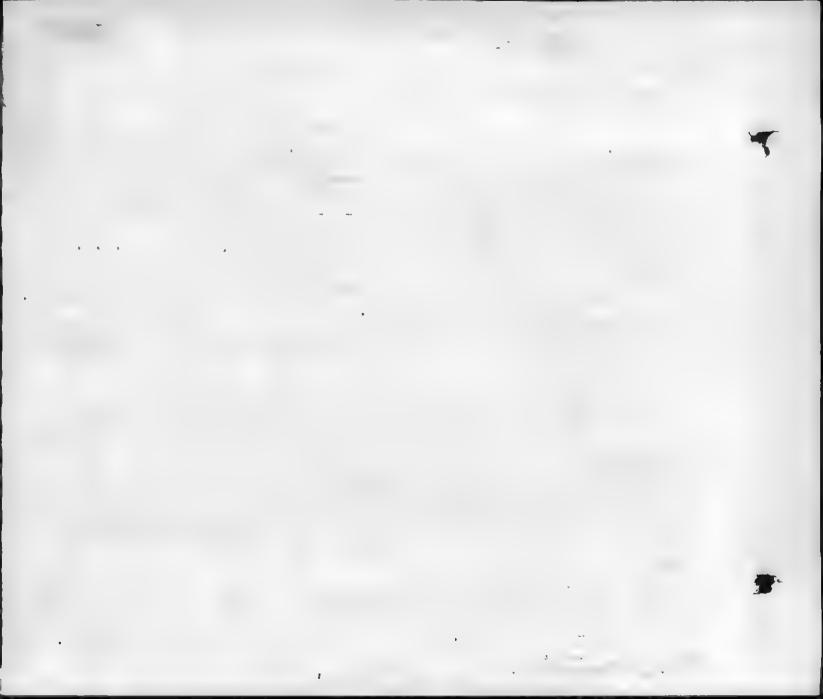
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VS A15ME 5M 2 57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 257 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		(1%	J	U	4
Reg.	Dist.	No.			

	mission)				
· COUNTY Allegany MARYLAND STATE Maryland & COUNTY Allegany	o STATE Maryland b COUNTY Allegany				
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest and give nearest form)	10%%)				
Frostburg Lifetime Frostburg					
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e la	RE IDENCE				
	N A FAKAG				
3. NAME OF First Middle Lop 4 DATE Month Doy OF	Year				
(Type or print) Katherine Brady DEATH 3 26	1959				
the state of the s	DER 24 HRS.				
F WIDOWED DIVORCED 10-15-1872 86 yrs. Months Days Hour	Min.				
10e. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WH.	T COUNTRY				
House work Own home Eckhart, Md. U.S.A.					
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME					
Patrick Brady Honora Kenny					
15. WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT	. Md.				
No None None None None None None None No	,				
THE CALLET OR DEATH States and one course per line foreign (b) and (c)]	NEEVA				
PART I, DEATH WAS CAUSED BY:	il Car				
420./ Due to	H TIL				
Control to					
gave rise to immediate cause	_				
(o), stoling the underlying DUE TO					
	SAUTOPSY				
PER	FORMED?				
YES YES 200. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of Item 18.)	121				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, PART 1(b) 19, PART 1(b) 19, PART 1(c)					
3 20c. TIME OF INJURY Month, Doy, Year 20d. IN, URY OCCURRED 20e PLACE OF INJURY (Home, form, 120f (City or town) (County)	(Stole)				
20c. TIME OF INJURY Month, Doy, Year Value of work of					
	ind in my				
	1				
opinion death resulted from. Notural causes N. Accident , Suicide , Homicide , Undetermined monner	ŀ				
	SIGNED				
SIGNATURE ASSISTANT MEDICAL EXAMINER [] MAY 17/4	1500				
EXAMINER'S MO MC Lane Min and DEPUTY MEDICAL EXAMINER X	3/				
220. BURIAL CREMATION, 220 DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) (5	ote)				
Himotoc (page)77					
Burial 3-30-59 St. Michaels Cemetery Frostburg	٩_				
Burial 3-30-59 St. Michaels Cemetery Frostburg 1940 RECID BY REGISTRAR'S SIGNATURE PLANT ADDRESS Home 246 RECID BY REGISTRAR'S SIGNATURE PLANT ADDRESS Home 246 RECID BY REGISTRAR'S SIGNATURE PLANT ADDRESS HOME	1				



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) PLACE OF DEATH COUNTY b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If posside corporate limits, write c. CITY ORTOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give neglest town d' NAME OF HOSPITAL (If not in hospital, give arrest address). d STREET ADDRESS a. IS RESIDENCE OR INSTITUTION ON A FARM YES NO NAME OF 4. DATE First Middle Month Doy Year DECEASED DEATH (Type or print) 19.5 6. COLOR OF RACE 9. AGE (In years lost birthday) 5. SEX 7. MARRIED NEVER MARRIED DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys DIVORCED WIDOWED I 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State of foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? MOTHER'S MAIDEN NAME 13. FATHER'S NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMAN 77 CAUSE OF DEATH [Enter only one couse per | ga for (o), (b), and (c)] INTERVAL BETWEEN ONSEI AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO 160) st-tronsit permit vol, and in Conditions, if ony, which (b) gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS'S PERFORMER? YES | NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (Stole) (County) foctory, street, office bldg , etc.) Hour o. m. While Not while of work of work _____ 122 5 that I last saw the deceased 21. I certify that I attended the deceased from alive on/ that death occurred M. from the causes and an the date stated above. 0/24 ADDRESS (Sfreet, city or town, stote) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION. 225 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stofe) REMOVAL (Specify) 3-14-59 Porter Cemetery Md. Eckhart Burisl 23. FUNERAL DIRECTOR'S SIGNATURE Funeral Home 24a REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE Hafer Main Frostburg Md DATEMAR 1 arthur & Kenna 1000173 X V:

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6 Then

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VS A15 (4) 15M 9/55

death.



VS A1S (4) 15M 9/SS 02506

2514 CERTIFICATE OF DEATH

		UE	D	U	į
Reg.	Dist.	No.			

1.	PLACE OF DEATH	gany		M	ARYLAND	IL O STATE	sidence (who	ere deceose	d lived If instit b. COUN	rv	dence befo		
Г	b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b RURAL and give neares) tawn)							utside corpo	rate limits, write	RURAL o	nd give ne	arest tawn)
	(umbe	7 7		50 y	ears	0.2 Ci	unberl	and					
Г		At (If not in hospital, g	ive street	address)		, d. STREET	ADDRESS					e. IS RES	IDENCE
	61 Gre	ene St.				/ 61	Green	e St	•				FARM?
3.	NAME OF DECEASED	Fir	şt	Mi	ddle		ost	4. DATE	M	onth	De	ıy '	Year
	(Type or print)	JALLS	A	VIN	B	LILL			lauren	5,	1959		19
S.	SEX	6. COLOR OR RACE	7. MARR	IED 🔝 NEVER MA	RRIED 🔲	8. DATE OF 81	RTH		9. AGE (In year last, birthday		DER 1 YEAR	_	
	fele	\.hite	WIDOWI	DIVO	RCED 🔲	Aug. 25	,lool		77 y		15 Days	Haurs	Min.
10c	. USUAL OCCUPATIO	N (Give kind of working life, even if retired	dane 10b	KIND OF BUSINES	S OR INDU	STRY 11. BIRTH	PLACE (Stote	or foreign c	ountry)	12	CITIZEN C	OF WHAT	COUNTRY
	renter	ng me, even n renieo	' [(Constru	ction	Kir	by, V.	. Va	•		US	Λ	1
13.	FATHER'S NAME					14. MOTHE	S MAIDEN N	AME					
	hill	iam A. Bi	rill				Mar	ian 8	Saville	9			
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	andre l			NFORMANT				ddress			
	No	y jet give vide or opini or i	~.	14 05 5	J94 _	Arthur	Bril	1 (Cumber.	Land	بايس و	•	
	18. CAUSE OF DEA	TH [Enter anly one co	use per li	ne for (o), (b), and	(c).]			1			INT	ERVAL BE	TWEEN
	PART 1. DEAT	H WAS CAUSED BY:	, Ĉ	acrite (1840	racy	acel	uso'N	М		JON	SET AND	DEATH
	4 40	DUE TO				0 1							
	Conditions, if an	y, which) (b	, /	Estim	rlun	tri Re	sit.	Eliza	one		/	EK.	
	gaye rise to in	mediale (•	
	cotse (a), stating I lying cause lost.	ne under:	CA	need	rus	l citi	ionl	us	-		6	26	K-4-7
Š	The PART II. OTH	ER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEAS	E CONDITION C	IVEN IN	PART I(a)		AUTOPSY
CERTIFICATION	Lowelha	It has Em	mil	Tell mi	of the	L) due	to. to	Touls	ti an	a alaa.	_		RMED?
Ě	20a. ACCIDENT WA	S UNDERLYING	20b. DES	CRIBE HOW INJUR	Y OCCURRE	D. (Enter nature	of injury in F	ort I or Par	t II of item 18.)	-			
1	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)											
[3		Manth, Day, Ye			20e. Pl	ACE OF INJUR	(Home, form	, 20f. (City	r or town)		(County)		(State)
MEDICAL	Haur a.m. p.m.	19	While at wor	k ☐ at wark ☐	"	clory, street, of	ice blog., etc.	'					
	21. I certify the	at I attended the	decens	ed from	-3-	, 19 <u></u>	ž to	3-	5-, 19.3	To that	Llost	aw the	deceases
	alive on	- 4-	19	4 -4-6		accurred o			n the causes				
	01110 01122222	1/1		, did i	nai dean	s decorred t			treet, city or tow		i me di		ATE SIGNED
	ACTUAL	6 182	2			M.D			11.			4	3-60-5
	SIGNATURE		3			,M.D	13	CA-COURT S	<i>U</i>			****	
	PHYSICIAN'S NAME (Type)					* 100 m/s 100 m/s 100 m/s	Cume	ulo.	nd the	d			
220	BURIAL, CREMATIO	V. 22b. DATE THEREC)F	22c. NAME OF	CEMETERY C	R CREMATORY		22d. LOCA	TION (City, faw)	, or coun	ly)	(Siat	e)
	BULLE I	3/9/195	59	Suiset	المداحية	rial F	rk	Cu	rberl:	وبادا	.1U.		
23.	FUNERAL DIRECTOR'S			ADDRESS			24a REC'!	D BY REGIS			SIGNATU		
	Byron Ki	ght		Cum	burl	na, H	DATE	9 '59	an	Turner .	Thank		



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necessory please of director. Page your files.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1)	2	5	U	7

	2519	DICAL	ZZIMINEK	JCERTIFICA	IL OI DEATH	Reg. Dist. No.	
1. PLACE OF DEATH	"你可干粮"			2 USUAL RESIDENCE	Where deceased lived. If in	stitution Residence befo	are admiss an)
a. COUNTY	Allegany		MARYLAND	o STATE Mary	land b. cou	Allega	ny
b. CITY OR TOWN	Cümberlar	AND CL	ENGTH OF STAY IN 16	C CITY OR TOWN (I	fautside carporate limits, w	The state of the s	
Sacred	Heart Hosi	ital 1	O weeks	Cumb	perland		
	PITAL OR INSTITUTION (I			d. STREET ADDRESS			N A FARM?
Sacred	Heart Hosi	eital		507 0	Oldtown Roa	ď	YES NO DE
3. NAME OF DECEASED	Fire		Middle	Last	4 DATE M	onth Day	Year
(Type or print)	NOR A	E.	E	RINKER	DEATH MAR	CH 22	1959
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year lost birthday)	particular de la contraga de della contraga de la c	IF LINDER 24 HRS
female	White	WIDOWED X	DIVORCED [Unknown	00	rrs Manths Days	Hours Min
100. USLAL OCCUPA	TION (Give kind of work or rking life, even if retired)	done 10b. KIND	OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State	or foreign country)	12 CITIZEN OF	WHAT COUNTRY?
House		Ow	n Home	Magnolia	a.W. Va.	USA	
13. FATHER'S NAME				14. MOTHER'S MAIDEN		L	•
James	Boxell			Cather	cine Farrel	1	
15. WAS DECEASED	EVER IN U. S ARMED FOI	RCES? 16. SOCI	AL SECURITY NO. 17	INFORMANT	Add	" naddenkings on a	
no		no	ne M	rs. Kenneth	Roby, Cum	berland,	Md.
18 CAUSE OF D	EATH (Enter only one cou	se per tine for (a), (b), and (c).]				AL BETWEFT
PART I, D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Pulm	onary Ede	ma and Con	gestion		2-3 Wks.
4.0.1							-W-
Conditions, if	any, which } (b)	Corc	nary Scle	rosis			
gove rise to im (a), stating th	mediate couse						
couse lost.	(c).	Arte	riosclero	tic Cardio	vascular di	sease, ge	neralize
PART II, C	OTHER SIGNIFICANT CON	DITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	TINAL DISEASE CONDITION	GIVEN IN PART 1(a) 19	WAS AUTOPSY PERFORMED?
PART II. (C) 20g. EXTERNAL (C) PRIMARY (C) OF DEAT CAUSE OF DEAT	F	racture	of Left	Hip		Y	ES NO X
20a. EXTERNAL	CAUSE WAS 20	6 DESCRIBE HOV	W INJURY OCCURRED	(Enter noture of injury in Po	rt I or Port II of item 18.)		
CAUSE OF DEAT	H.		at home				
3 20c. TIME OF IN		20d. INJUR	Y OCCURRED 20e. PL	ACE OF INJURY (Home, formation, street, affice bldg, etc.	n. 20f. (City or lown)	(County)	(Stole)
11 ±000 0.	12/30 123	50 of wark	of work	Home	Cumberla	nd. Alleg	. Md.
21. I certify		of the remo			y , Inspection		
					Homicide [], Und		
	0	. 0.					
ACTUAL SIGNATURE Y	3 enedist	Yeut	arelic!	M.D. CHIEF MEDICAL E	XAMINER -		DATE SIGNED
7	مهرية ويحصف والمصدر في	. The Court State Color		ASSISTANT MEDIC			
EXAMINER'S NAME (Type)	Benedict S	Skitare	lic. M.D.	DEPUTY MEDICAL	EXAMINER TO MA	rch 22, 1	L959
270. BURIAL, CREMA	TION, 226. DATE THEREO		NAME OF CEMETERY O		22d LOCATION (City, tow		(Stote)
Burial	3-35-59	SS	.Peter &	Paul Cem.	Cumberlan	d, Md.	

24a. REC'D BY REGISTRAR

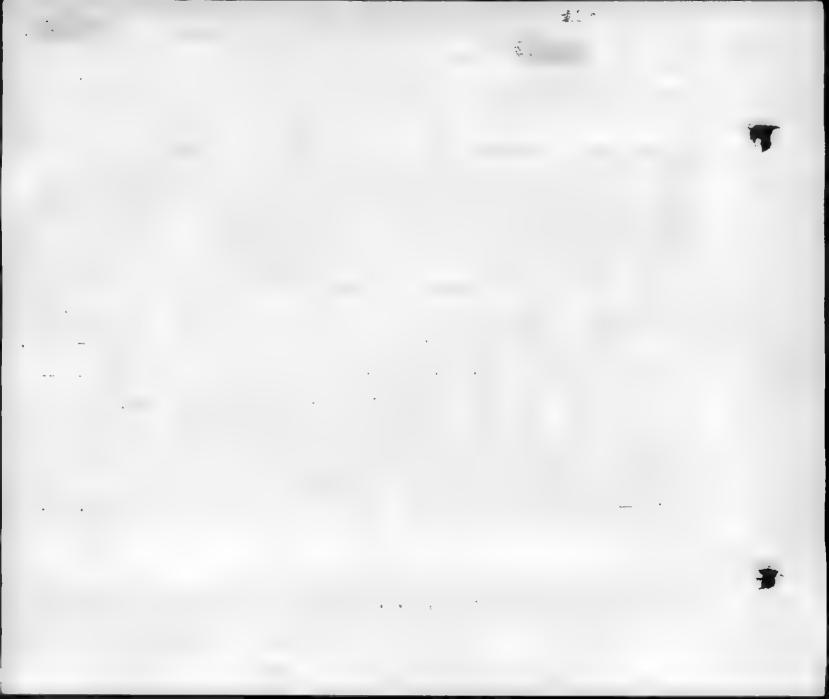
24b. REGISTRAR 5 SIGNATURE

ADDRESS

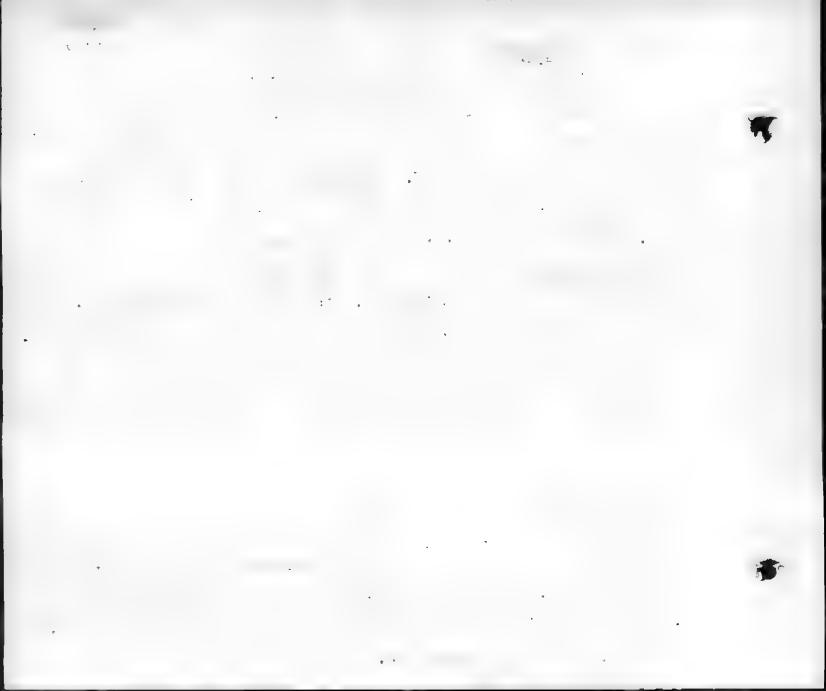
James F. Scarpelli, Cumberland, Md.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs ofter death. If any delay is n execute the certificate, writing the word "pending" in pencil in Item. 18. Give Pages 1, 2, and 3 to the funeral 4 should be executed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relatined TO FUNERAL RECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Statement is designabled agent, prior to burial, cremation, ar removal, and any appropriate 2 hours after death. VS ATSME 5M 2/57

23. FUNERAL DIRECTOR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT O	F HEALTH—BALTIMORE, 1
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CERTIFICATE OF DEATH

Reg. Dist. No.

J	1 PLACE OF DEATH 0. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)						
	Allegany		MARYLAND	Maryland Lounty Allegany						
	b CITY OR TOWN (If outside corporate RURAL and give nearest town)	c LENGTH OF STAY IN 16	c CITY OR	TOWN (If or	itside carporate	limits, write RU			n)	
	Frostburg		1 Wk.		lothia	an				
,	d NAME OF HOSP TAL (If not in hospit OR INSTITUTION	ol, give street	oddress)	d STREET	ADDRESS				e IS RES	FARM?
Miners Hospital										NO []
	3 NAME OF DECEASED	Lo		4. DATE OF	Month	1	Эоу	Year		
	(Type or print) Ollie			Ceci.	L	DEATH	3	18)	1959
	S. SEX	CE 7 MARR	IED NEVER MARRIED	B. DATE OF BIRT		9, 4		F UNDER 1 YEA		
		WIDOWE		7-10-1			51 yrs	Months Days	Hours	Min
	10a. USUAL OCCUPATION (Give kind of w during most of working life, even if re	ork done 10b	KIND OF BUSINESS OR INDU	STRY 11. BIRTHE	LACE (State o	ir foreign counti	ry)	12 CITIZEN	OF WHAT	COUNTRY
	Housewife	0	wn home	Alak	ama			U.S	- A-	
	13. FATHER'S NAME				S MAIDEN N	AME		1 0 0 10		
	James Roberts	on		Ada	a Moor	20				
	15. WAS DECEASED EVER IN U. S. ARMED		SOCIAL SECURITY NO. 17. I	NFORMANT			Addre	35		
	No No None	s of service)	Wil	lliam (Decil.	Midla	thian	Md.		
i	18 CAUSE OF DEATH [Enter only on	e couse per lin				ATT OF CASE OF	0 0112 011		TERVAL BE	TIM/FENI
	PART I DEATH WAS CAUSED BY							Öi	ONSET AND DEATH	
	IMMEDIATE CAUS		1. (1. ca. (//	(L 0% - 6 U.	1-64/6	=:			ikel	7/2
	00.7	55/X DUE TO							1	
	gave rise to immediate	Conditions, if ony, which								
	cause (a), stating the under-	cause (a), stating the under- DUE TO								
	lying cause lost.	(c)								
	PART II OTHER SIGNIFICANT	ONDITIONS	ONTRIBUTING TO DEATH BUT	NOT RELATED TO	O THE TERMIN	IAL DISEASE CO	NDITION GIVE	N IN PART 1(o)	19 WAS A	AUTOPSY RMED?
	5	274 K	1- 1- 5 2/3 of w.						YES 🗌	NO
	PART II OTHER SIGNIFICANT OF THE PART II OTHER SIGNIFICANT OF THE PART II OTHER SIGNIFICANT OF THE PART IN OTHER SIGNIFICANT OF THE	TH 286. DESC	TRIBE HOW NIURY OCCURRE	D (Enter nature o	of injury in Po	ort I or Port II o	if item 18.)			
	20c. TIME OF INJURY Month, Doy.	Year 20d IN White	Not white 20e PL	ACE OF INJURY : clory, street, offic	Home, form,	20f. (City or I	lawn)	(Count))	(State)
	p. m.	19 at work		-		1, ,-				
	21. I certify that I attended	the decease	ed from 3/12/10	į 19	. to	3/14/10	í 19	that I last	ow the	decease
	alive on 3/19/34	19	ond that deoth	occurred of	713.1	M from th	e couses an			
			7 /	occomed of			city or town, st			ea above NTE SI GN EC
	ACTUAL SIGNATURE TELEVISION THE	1. 2. x 3	Thate a	9 4	8 1	1	CV 192			THE STORES
				M.D		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
	PHYSICIAN'S NAME (Type) 1/1 A CITA	1º12 R	Guil Star Ch. A.	(1) _ E		MEAR C	2- 61	D	** 4	
	220. BURIAL, CREMATION, 226 DATE THE REMOVAL (Specify)	REOF	22c NAME OF CEMETERY O	R CREMATORY	1	22d LOCATION	City, town, or	county)	(Stote	r)
	Burial 3/21/5	59	Frostburg Me	emorial	Park	Frost	burg		M	d.
4	23 FUNERAL DIRECTOR'S SIGNATURE	fer F	uneral Home		1	BY REGISTRAR	24b. REGIST	RAR'S SIGNATI		
1	Jouleh H. Worlesant ?	E. M	ain Frostbu	eg.Md.	DATEMAR	2 6 '59	Orto	119 8. 18 A	zd.	
7										



VS A15 (4) 15M 10/57

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
2513	CERTIFICATE	OF	DEATH	

CERTIFICATE OF DEATH

				Reg. Dis	1. 140.
1 PLACE OF DEATH a COUNTY	A4 a 6144 a b 144	2. USUAL RESIDENCE (WH		i, If institution Residence	e before admission)
ATTINGATOR	MARYLAND	שיכו זין		Allegan	Υ
 City OR TOWN (if outside carporate limits, writ RURAL and give nearest town) 	e c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	outside corporate li	mits, write RURAL and g	ive nearest town)
CIMITERLAND	17 days	C	H BESTAM	1	
d. NAME OF HOSPITAL (If not in hospital, give stre	eet oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
SACRED HEART	HOGDENT	VIII	NR BLACK		YES NOT
3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	Day Year
(Type or print) ENMA	M.	CHTSHOLM	DEATH	MARCH	2 150
5. SEX 6. COLOR OR RACE 7. MJ	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AC	E (In years IF UNDER	YEAR IF UNDER 24 HRS
	OWED DIVORCED [July 26,1885	7	13 yrs	Days Hours Min
10a. USUAL OCCUPATION (Give kind of wark done 1 during most of warking life, even if retired)	06 KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slote	or foreign country	12 CITI	ZEN OF WHAT COUNTRY
Housewife	Home	T TYT SUB			U.S.A.
13. FATHER'S NAME		14 MOTHER'S MAIDEN N	AME		
JOHN RIEHT.		1 TOPPET 4	יין איין פיין	F	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give wor or dates of service)		INFORMANT	1 10 1	Address	
No	218-16-1681A	John F. Ch	nisholm	Cumberle	and, Md
18 CAUSE OF DEATH [Enter only one cause per	r line far (a), (b), and (c),				INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY- IMMEDIATE CAUSE (o) An	teroseptal myoc	ardial Infarc	tion. red	cent. with	ONSET AND DEATH
DUE TO	congestive hea	2 weeks			
Conditions, if ony, which) (b) AT	teriosclerotic	Heart Disease	with car	rdiomegalv	years
gove rise to immediate cause (a), stating the under-					
lying cause last. (c)					
PART II OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CON	IDITION GIVEN IN PART	1(o) 19 WAS AUTOPSY
5 Genitourinary tract					PERFORMED?
(IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in f	Part I ar Part II af	dem 18.)	
		ACE OF INJURY (Home, form	, 20f (City or to	wn) (C	ounty) (State)
Hour o.m. Wh	ile Not while 10	ctory, street, office bldg, etc.	.)		
21. I certify that I attended the dece		75 1050 to 1	rch 3nd	10 EQ 16-11 L	
alive an Nurch 3rd 15	59 and that death	accurred at 5:25		۱۱ (۱۱۱۱ ر <i>دیگونگید ۱۶</i> سا باد در از رسید در در سود	usi saw ine deceased
dilve dil	ond frid dear		ביאו, tram the ADDRESS (Street, d		e date stated above DATE SIGNED
ACTUAL ACTUAL OF HOW	arren V				
SIGNATURE IN MONTH		M.B. Algorquin	-ECLEL	number land,	714
PHYSICIAN'S NAME (Type) Wyand F. Doenn	en. Jr., M.D.				
220. BURIAL CREMATION 226. DATE THEREOF	22c. NAME OF CEMETERY O	P CREMATORY	224 LOCATION I	City, tawn, or county)	(5
REMOVAL (Specify) 3/6/59	RoseHill C				aryland
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR	24b REGISTRAR'S SIG	
	Cumberland Ma			Clathur & 1	
	A AMERICAN SERVICE AND AND AND AND AND ASSESSMENT OF REAL PROPERTY OF THE PROP	L Y ALCUATUR DATERAL	L U U U	LUCCION I	The material line is a second



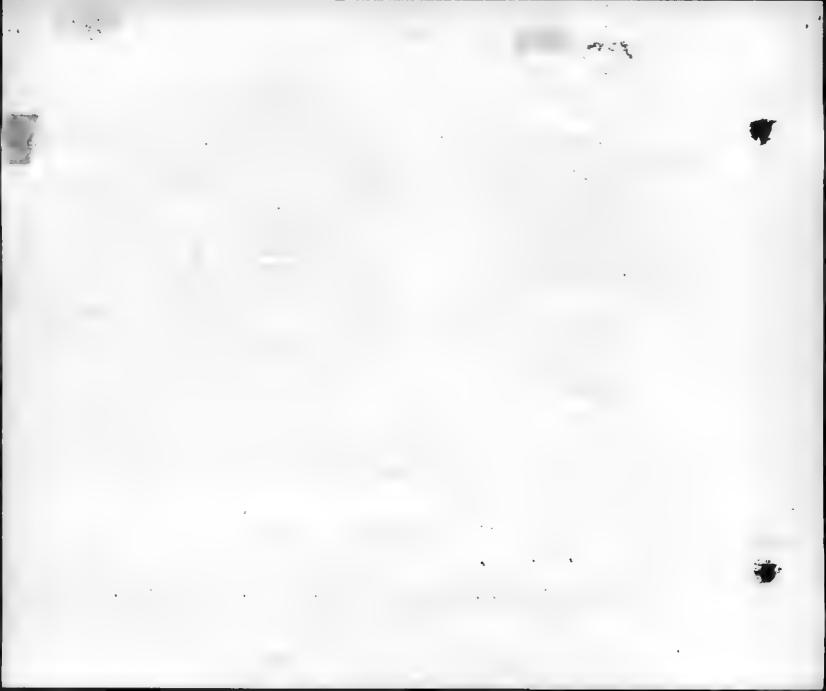
VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

2514

1, PLACE OF o COUNTY							2. USUAL RESIDENCE (Where deceased lived If institut on: Residence before admission) o STATE b COUNTY or TOTAL AND INC.								
	LEGAIL	Y			MARYL	AND	MARYLAND ALLEGANY								
	TOWN (If	outside corporal	e limits, write	c. LENC	OTH OF STAY IN	N 16	c. CITY OR	TOWN (IF or	utside corpo	orote limits, w	rite RUR	AL and g	give neo	rest town)
	BERLA			11	HOURS		, CUMBERIA ND								
d. NAME (OF HOSPITA	L (ff nat in hosp	ital, give stre	et oddress)			d. STREET ADDRESS e. 15 RESIDE ON A FA							DENCE	
		ACRED H	EART I	HOSPII	AL		114 SEYMOUR ST. YES NO								
3 NAME OF DECEASED			First		Middle		Las	t	4. DATE		Month		Da	y Y	Bar
(Type or pr	rint)	JOSEPI	H P€	eter		(CODIRE		DEATH	MARC	H 3	0		1	9 59
S. SEX	lost hirthdoy) Marsh										IF UNDER				
MALE	1	WHITE	WIDO	WED 🔲	DIVORCED		JUL	Y 29,	1920	38	yrs	vionins	Days	Hours	Min
duting m	CCUPATION OUT OF WORKS MPOLE	(Give kind of ng life, even if r	work done 10 etired)	6, KIND OF	BUSINESS OR	INDUSTI				ounly) Maryla	and	12. CITI	ZEN OF US/	WHATCO	DUNTRY?
13. FATHER'S	NAME		1				14. MOTHER'S	MAIDEN N	IAME						
PETER	M. C	ODIRE (DECEAS	ED)			REGIN	A MCHU	JGH CO	DIRE					
15. WAS DECI	EASED EVER	IN U. S ARME	FORCES? 1	6 SOCIAL S	SECURITY NO.	INF	ORMANT				Addres	s.			
(Yes, na, ar unkni	Own] [II	yes, give war or da	ries of service)	None	1	PAT	CIENTS	CH \RT							
	SE OF DEAT	H [Enter only o	ne couse per		· · · · · · · · · · · · · · · · · · ·	1							INTE	RVAL BET	WEEN
1	ART I. DEAT	H WAS CAUSED	nv.		ines-t	1								2 6	DEATH
34	10.3	IMMEDIATE CAU	JE TO	10000	JA-Was T	7							-		PUVJ
Conditi	ions, if on	_													
gove r	ise to im	mediote ((b) JE TO												
	i), stating ti ouse last.	ie <u>under</u>	(c)												
Z P	ART III. OTHE	R SIGNIFICANT		S CONTRIBL	JTING TO DEAT	TH BUT N	OT RELATED TO	THETERMI	NAL DISEAS	E CONDITIO	N GIVEN	N IN PAR	T 1(o) 1		
Š														PERFO	NO D
☐ OR CONT	FRIBUTING	UNDERLYING I CAUSE OF DI MEDICAL EXAMI	EATH	ESCRIBE HO	W INJURY OC	CURRED.	(Enter nature o	of injury in P	Part I or Pos	rt It of item 11	3.)			. –	
_1		Month, Doy		. INJURY O	CCHPPED 2	20e PLAC	E OF INJURY (Home form	20f (Cir.	v or Inwal		10	County		(Stote)
	ır a m.	***************************************	Whi		t while		ry, street, office			y at rawn,		10	.00/11/		(swie)
	p. m.					7 61	1- 67		2. 2.	2	V				
	* 7	of Lottended			**	-				2, 19	/				
olive o	n _2 '	7 9-	, 19	57	, and that a	deoth o	ccurred of						date		obove. E SIGNED
ACTUAL		Y	Ra	2			,	1	9	itreet; gity or	own, sie	ote)		7.2	3 TONED
SIGNATU	RE	1	1 000	40)		M.	D3	/ 0	clein	0/1				, , , , , ,	·/
PHYSICIA NAME (T	N'S ype) <u>L</u> E	WIS BRI	NGS, M	.D.			_57_G	REENE	ST.,	CUMBE	RLAN	D, MD	.9		
BULL BURIAL	CREMATION L (Specify)	4-2-5		St.	AME OF CEMET					rland				d (State)
23. FUNERAL	DIRECTOR'S	SIGNATURE P	elli.	Cum	Bress and	r.id		24a REC'E	D BY REGIS	TRAR 24b.	REGISTI	RAR'S SIG	GNATU	RE	
Octilit	50 I' #	Dear	CILI	Jumpi	OF THEFTICE	9 111.01		DATADR	2 '59	9 (Juth	1 2. 1	brand		



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ARYLAND	STATE	DEPARTMENT	OF HEALTH-BALTIMORE,	18
				-

CERTIFICATE OF DEATH

	2515	CERTIFIC	ATE OF DEATH	1	Reg. Dist. No.
o. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (W) o. STATE Mary	F COHN,	TY Allegany
b. CITY OR TOWN (RURAL ond give n Cumbel		c. LENGTH OF STAY IN 16	cumber:		e RURAL and give nearest town)
	TAL (If not in hospitat, give street inton Place	t address}	d. STREET ADDRESS	ton Place	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Harriet	Elizabe	^	DEATH Ma	rch 5, 19 59
Female	White widow	40	Sept. 8, 18		rs. IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min
Housew:	ON (Give kind of work done) 10k rking life, even if retired) 1 1 C	Own home	Harman	W. Va.	U.S.A.
Jacol	b C. Harper		14. MOTHER'S MAIDEN N	McDonald	
S. WAS DECEASED EVI	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		informant rs. Walter l		ddress Cumberland, 20 Beall St., M
	ATH [Enter only one cause per ATH WAS CAUSED BY IMMEDIATE CAUSE (o)	1.0	Coronous	coclun's	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if		citurlus	tu-heart	dosesse	14 cm
gove rise to cause (o), stating lying cause lost	the under-	anuch ye	d outron	ium	2 years
PART (1. QT	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	NAL DISEASE CONDITION (GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING 1 206. DE G CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR	ED (Enter noture of injury in	Part (or Port II of item 18.)	
20c. TIME OF INJUI	While		LACE OF INJURY (Home, form actory, street, office bldg, etc.	, 20f (City ar town)	(County) (State)
21. I certify the alive an	hat I attended the deced 3 - 57 19	ond that deat	h accurred at 4:10		Lithat I last saw the deceases and on the date stated aboven, stole) DATE SIGNE
PHYSICIAN'S NAME (Type)	Lewis Bring			rland, Md.	
BURIAL, CREMATIC	3/7/59	22c NAME OF CEMETERY OF Harper Ce		Harman,	ALE SE
73. FUNERAL DIRECTOR		ADDRESS umberland, M	d		GISTRAR'S SIGNATURE



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within

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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director,	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2575

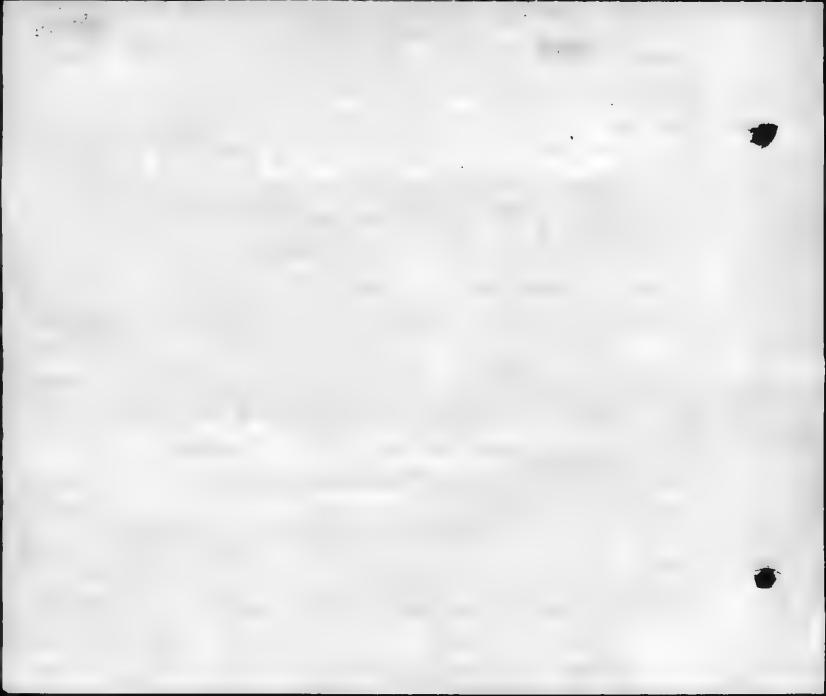
CERTIFICATE OF DEATH

1. PLACE OF DEATH				2. USUAL RESI	DENCE (Whe	re deceased	lived. If institution b. COUNTY	on, Residence	before od	mission)
	Allegany		MARYLAND		aryla	nd	0. 600111	All	egan	Υ
B CITY OR TOWN (RURAL and give n Frostb		ls, write	c LENGTH OF STAY IN 16		onac	,	rate limits, write R	URAL and gi	ve nearest t	own)
d. NAME OF HOSPI	TAL (If not in hospital, g	ive street o	address)	d. STREET		~ ~ · · · · · · · ·			e. IS	RESIDENCE N A FARM?
or institution Miner	s Hospita	1		. N	ater	clifi	e			N A FARM?
3. NAME OF DECEASED	Fir	2)	Middle	Lo		4. DATE OF	Mon	th	Doy	Year
(Type or print)	William	-		Cuthber		DEATH	Marc		19	19 59
5. SEX	6 COLOR OR RACE	7 MARR	IED T NEVER MARRIED	B. DATE OF BIRT	Н		9 AGE (In years lost birthdoy)		YEAR IF U	NDER 24 HRS
Male	White	WIDOWE	D DIVORCED	July 1	9,190	00	58 m	Months	Auto Hot	PES Miles
10a. USUAL OCCUPATE during most of wor	ON (Give kind of work i king life, even if retired	done 10b	KIND OF BUSINESS OR INDE	JSTRY 11. BIRTHP	ACE (State o	or foreign co	ountry}	12 CITIZ	EN OF WI	IAT COUNTRY?
Celanes		Ce	lanese Corp	Lona	coni	ng, l	laryland	i U	.S.A.	
13. FATHER'S NAME				14 MOTHER'S	MAIDEN N					
1	William C	uthb	ertson	E	liza	beth	Park			
15 WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT		-	Add	ress		
no	this term that are property as		0-10-2356H	Mrs.Wil	liam	Cuth	bertson	n Lo	nacoi	ning Me
18 CAUSE OF DEA	ATH [Enter only one co	use per lin	ne for (a). (b). and (c)]	THWIT	'e''				INTERVAL	BETWEEN
PART I. DEA	TH WAS CAUSED BY:	m,	esontanie	Thom	1 Gras	CA			1 1	ND DEATH
1	DUE TO				e [1	
Conditions, if a	an mhiab h	STO	currant'	Philes	iti				3 4	lears
gove rise la i	m mediate DUS TO			A						
Couse (a), slating lying cause lost,	The under-	las	rogenic My	eloid M	relate	lasia	,		7 9	pass
	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BU	NOT RELATED TO	THE TERMIN	NAL DISEASI	CONDITION GIV	EN IN PART	1601 19 W	AS AUTOPSY
PART II. OTI									PE YES	RFORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b DESC	CRIBE HOW INJURY OCCURR	ED. (Enler noture o	finjury in Po	ort E or Part	II of item 18.)			•
20c. TIME OF INJUI Hour a.m.		While	Not while fo	LACE OF INJURY (Home, form, e bldg-, etc.)	20f. (City	or town)	(Co	unly)	(Slote)
	19	of work			/	V14				
I I Sa	at I ottended the	a, "			b to		ch. 1959			
alive anY_	www.I	1, 125	ond that deat	h accurred ot					e dote st	
LACTUM C	n= (D)	0.1	(h		1 A	IDDRESS (SI	reel, city ar lown,	state)	4	DATE SIGNED
SIGNATURE SIGNATURE	oxed. 1	VUCL	7 11	M D					<u>3-</u>	20:59
PHYSICIAN'S NAME (Type)	ESLIE R	. M	IILLES JI	2	LON	ACO	NING		M	D /
220. BURIAL, CREMATIC	4 4		22c. NAME OF CEMETERY	OR CREMATORY		22d LOCAT	ION (City, town, o	or county)	(1	Stote)
Bura 1 pecity)	3/22/	59	Oak Hill	emeter	У	Lo	naconir	ig.	Md.	
23. FUNERAL DIRECTOR			ADDRESS		24a. REC'D	BY REGIST	RAR 245 REGIS	TRAR'S SIGN	NATURE	
George 1	Eichhorn		Lonaconing,	Md.	DAMAR	2 3 '59	Carl	mg & fr		

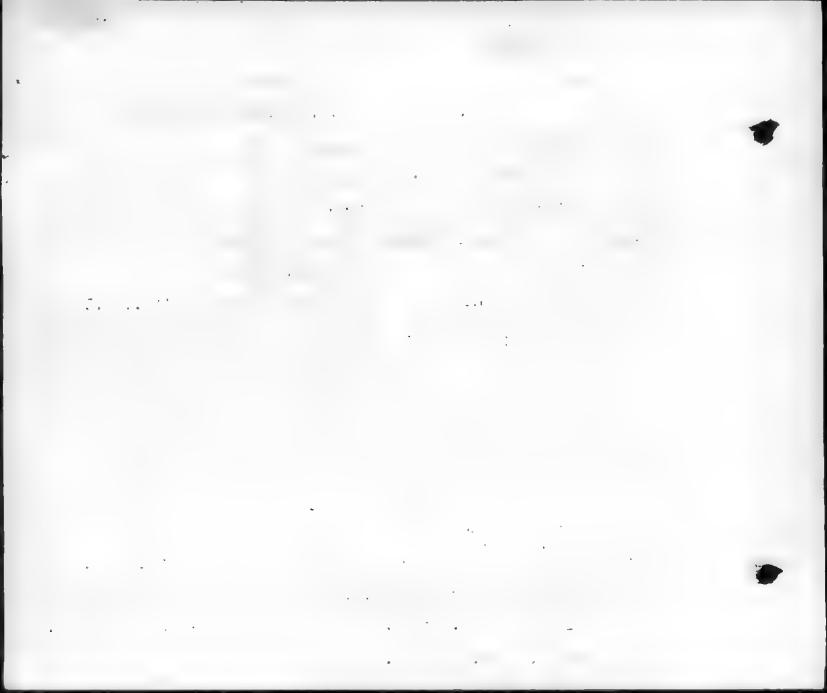


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 5. COUNTY MARYLAND +116: Lany Maryalance Filerany death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and laive nearest town) pe RURAL and give nearest town) Cumberland Dirih 2 Ylano d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? La cathora YES [] NO .0 C NAME OF Middle 4. DATE Year DECEASED DEATH Willey h 1954 (Type or print) 00000 5. SEX 1889 IF UNDER I YEAR IF UNDER 24 HRS. 8 DATE OF SIRTH FPGAGE (In years 7. MARRIED TO NEVER MARRIED Months Male WIDOWED [100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole of foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Baltimori, Maryland U.S. 19 h Lidnance West 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 30100Th Henry 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Address 119 Bodford St Combostand Md. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY 1 de esta IMMEDIATE CAUSE (o) L20,1 DUE TO Conditions, if any, which any gove rise to immediate DUE TO coese (o), stoting the underlying cause tost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS PERFORMED? YES NO T 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. [City or town) 20c, TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not white of work of work p. m. 19 59, to Trace 11, 19 59 that I lost saw the deceased 21. I certify that I attended the deceased from and that death occurred at 5.00 A.M. from the causes and on the date stated above. CTOR ACTUAL PHYSICIAN'S SAL FUNERAL boge 3 sho NAME (Type) 220. BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) -REMOVAL (Specify) rias chellery ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Kraus VS A15 (4)

15M 9/SS



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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M		

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be Exwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relatined for your files.

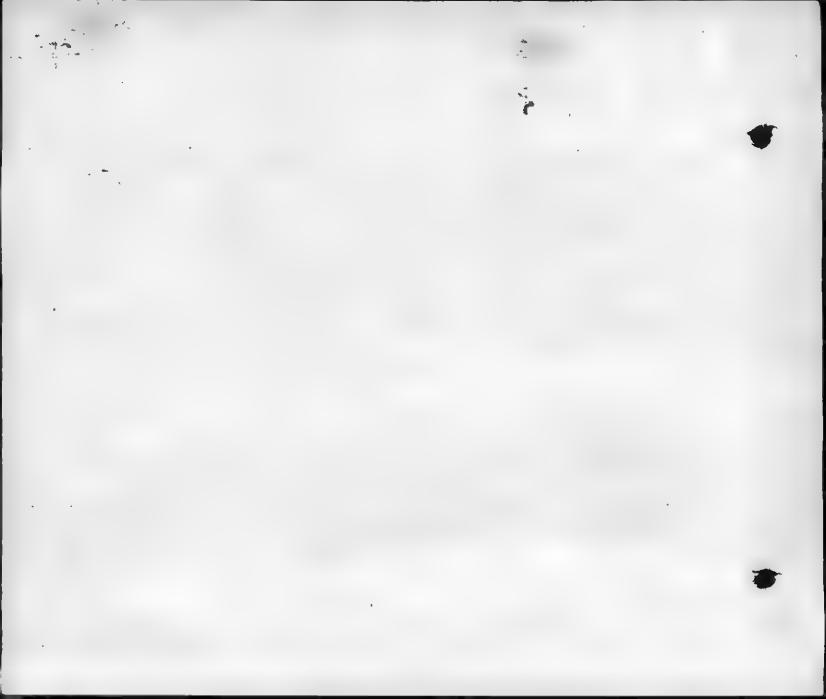
TO FUNERA RECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State of Holthyard and its designated agent, prior to burial, cremation, ar removal, and in any eyelf within 72 haurs after death.

VS. A15IE SM 2/57

M.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 02517 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

2512			Reg. Dist. No.
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where decease	d lived. If institution Residence before admission)
o. COUNTY	MARCO	· STATE Maryland	b. COUNTY Allegeny
b. CITY OR TOWN (If outside corporate limits, write RURAL and give reporat lown!	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carps	prote limits, write RURAL and give nearest town)
rland	24 years	Or . Unicimi	
d. NAME OF HOSPITAL OR INSTITUTION (F not in ho	spital give street address)	d STREET ADDRESS	# IS PETIDENCE
<u> </u>		. 50 i. Lilia m.	t. VES NO D
3. NAME OF FIRST	Middle	Lost 4. DATE	Month Doy Year
(Type or print) JESSE	EARL D	eVORE DEATH	March Lo 19 59
5. SEX 6. COLOR OR RACE 7. MARRI	ED INEVER MARRIED 8	DATE OF BIRTH	9 AGE (In years IF UNDER 1YEAR IF UNDER 24 HFS
in ite widowe	D DIVORCED	y 0, l. 2	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b.		Y 11. BIRTHPLACE (State or foreign co	unity) 12. CITIZEN OF WHAT COUNTRY?
Sign: lman I	rilroad	M. ryland	UNA
13. FATHER'S NAME		M. MOTHER'S MAIDEN NAME	
John DeVore		Barbara W	itt
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO 17. 16	FORMANT	Address
)5 05 1309 mg	D. L LUI LEVORE	Cub al m, m.
18 CAUSE OF DEATH Enter only one couse per line			INTERVAL DETWEEN
PART I, DEATH WAS CAUSED BY	Coronary Oce	lision	ONSET AND DEATH
11 20 /	JOI OHOLY OCC.	LubiOII	4
C PV	Intenienal	action of H Dir.	
Conditions, if any, which (b)	Arretroscrei	cotic C-V Discre	i
(a), stating the underlying DUE TO			
ceuse fost. (c)			
PART II OTHER SIGNIFICANT CONDITIONS CO	2	OF RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
§ F'77, C 21	ure di cet.		YES NO 🔀
PART II OTHER SIGNIFICANT CONDITIONS OF	Fell At Home	iter nature of injury in Part 1 or Part It o	f item 18.)
		E OF INJURY (Home, form, 20f (City)	or lown) (County) (State)
To Hour X 2 A A A A A A A While	le Not white facto	ry, street, office bldg , etc)	as to the same
23. I certify that I took charge of the	remains described abay		spection , Inquiry , and in my
opinian death resulted from: Natural			
) ,	121		
SIGNATURE BLUE CLICT.	Skitobelic	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
7,000		ASSISTANT MEDICAL EXAMINER	
EXAMINER'S NAME (Type)	iclic i. I.	DEPUTY MEDICAL EXAMINER	
22a. BURIA. CREMATION, 22b DATE THEREOF REMOVAL (Specify)	Hilorest Co		on (City, fown, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240 PEC'D BY PEGISTE	AR THE REGISTRAR S S CHATTIER
D' while the Confi	12 1mg . Co	MAR 1 9 '59	arthur S. House
		UAIE	The state of the s





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MARYLAND	STATE	DEPARTMENT OF HEALTH-BAL	TIMORE, 18
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		TERTIFICATE OF DEATH	

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	9577	GMICTH 14		· · · · · ·	•		Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY A1	legany	MARYLANS	II o STATE	Md.	ere deceased	lived. If institution b. COUNTY	Alleg		ssion)
6 CITY OR TOWN (I RURAL and give no Westernpo	If outside corporate limits, write earest town)	c. LENGTH OF STAY IN 18	1	rnport		te limits, write R	URAL and giv	re nearest to	wn}
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give street 135 Front	address)	d. street	ADDRESS ront	1			ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Verna fint	Middle Mae	Doman	ost	4. DATE OF DEATH	Mon Mar		18	Yeor 1959
5 SEX Female	White WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	July 5		5'	AGE (In years lost bythday) 7 DP yrs	IF UNDER 1 Manths D	YEAR IF UNI	DER 24 HRS. 5 Min
during most of work HOUSE WII	ON (Give kind of work done 10b. king life, even if relired)	. KIND OF BUSINESS OR INI		PLACE (Stote of yland	or foreign cov	niry)		Seg.	AT COUNTRY
13 FATHER'S NAME	55			S MAIDEN N					
Joseph 5.				ecca H	utzel				
	R IN U. S. ARMED FORCES? [16. (IF yes, give wor or dates of service)	SOCIAL SECURITY NO. 17	Howard D	oman-W	estern	port, M			
	ATH [Enter only one cause per li TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	arcinoma (c)	f Uteru	s and	Rec	tum		INTERVAL I ONSET AN IZ	BETWEEN ID DEATH
Conditions, if an gave rise to it couse (a), stoling tying couse last.	m mediate (b)	Carcinomato	sis.,					5yı	?8
PART II OTH	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED T	O THE TERMIN	NAL DISEASE	CONDITION GIV	'EN IN PART I	PERF	S AUTOPSY FORMED?
OR CONTRIBUTING	AS UNDERLYING (1) 206. DES CAUSE OF DEATH MEDICAL EXAMINER;	CRIBE HOW INJURY OCCUR	RED (Enter nature	af injury in P	ari I or Part I	l of item 18.)			
ZOC. TIME OF INJURY Hour a m. p. m.	Y Manth, Day, Year 20d, I White at wo	Nat while	PLACE OF INJURY factory, street, affic	(Home, farm, ce bldg., etc.)	20f. (City o	r town)	(Co	unly]	(State)
21. I certify the alive on MC ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Helothes	Jon John Sr.	M.D.	<u>5.</u>	M, fram ADDRESS (Stree	the causes of the city or town, the course of town, the course of the co	ind on the	date sta	e deceased
220 BURIAL CREMATION BUTTEN	N. 226 DATE THEREOF 3/21/59	George Cemetery				nton	or county)	- ·	ote)
23. FUNERAL DIRECTOR'S	/ /	ADDRESS Westernport, N	ld.		BY REGISTRA		STRAR'S SIGN		



execute the rate of the rate o

VS. A15ME 5M 2 57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No.

- 12		-757		artists with the same and the same and				
	g. COUNTY	200721				ICE (Where decease	d Lved If institutio	an-Residence before admission)
V.	Alleg	nv		MARYLAND	O. STATE	aryland	b. COUNTY	Allegany
1		outs de corparate limits, writ	a RURAL	C. LENGTH OF STAY IN 16		~	prole irmits, wr'te RL	URAL and a ve nearest town)
	Cumb .:	cland		life	Cumbe	rland		
			(If not in hospit	al, give street address)	d STREET ADDR	m. market make and make		e IS REMICENCE
	117 I	ngepender	nce St		117 I	Luepend	ence S.	YES HO T
	3. NAME OF	Fir	187	Al.ddfe	Lost	4. DATE	Month	Doy Yeor
H	(Type or print)	CHA	ARLES	м	EIRICH	OF DEATH	MARCH	19 59 19 59
	5. SEX			NEVER MARRIED			AGE the sears	FUNDER TYEAR IF UNDER 24 HRS
	Male	White	WIDOWED		/	,1909		Months Days Hours Min.
F	100 USUAL OCCUPATIO	N (Give kind of work	done 10b KIN	ID OF BUSINESS OR INDUS	TRY 11 BIRTHPLACE	(State or fareign co	untry)	12 CITIZEN OF WHAT COUNTR
	during most of working Laborer	lite, even if retired)	B	kerv	Marv	land		USA
-	13. FATHER'S NAME				14. MOTHER'S MAIL			1
1		es L. Eir	aiah				t a b I att	
-	15. WAS DECEASED EVE	desirable on a series series		CIAL SECURITY NO. 117	INFORMANT	mme Cru		TV V W
	(Yes, no, or unknown)	[if yes, give was as dates of	service)	1 35 0004	_	,	Address	
-	No		121	4 05 9290	Lrs. Ine	2 Liric	a Cumba	rlinu, me
		H Enter only ane car	use per line far	(a), (b), and (c).]				INTERVAL BETWEEN
1		H WAS CAUSED BY: IMMEDIATE CAUSE [6]	1]	Myocardial _	Infarction	1		3-4 days
1	420.1	DUE TO	* am. small ut	TO THE PARTY OF TH				2 4 44
-	Conditions, if or		1	Coronary Occl	lusion. ri	ght		3-4 days
4	gave rise to immed	D. Parise P.O.		-			de Andreidan andre	
1	cause last	(e)	1 (Coronary Scle	mosis mid	ht		
	Z PART II, OTH	ER SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE	CONDITION GIVEN	N IN PART 1(a) 19, WAS AUTOPSY
	8							PERFORMED?
	200 EXTERNAL CAL			bolism from n				YES NO [
	PART II, OTH PART II, OTH PART II, OTH CON EXTERNAL CAL PRIMARY or CON CAUSE OF DEATH.	TRIBUTING []	OD DEZCK-RE L	IOW INJURY OCCURRED	Enter noture at injury	in Fort I or Fort It e	1 item 18)	
	T. 1	Y Month, Day, Yes	ar Tanu in	IURY OCCURRED 20e. PL	CE OF INTURY IV-			
	20c TIME OF INJUS	monn, buy, ver	While	Not white foo	lory, street, office bldg	L etc.)	DL SOMU	(County) (Stote)
		19		ot work				
	21. I certify th	ot I took charge	e of the re	moins described ob	ove, held on Au	topsy 🕱, In:	spection 📆,	inquiry , and in my
	opinion death	resulted from: I	Natural ca	yses 🚺 . Accident	, Suicide	, Homicide	. Undefern	nined manner
		\wedge	- /	, -				
								DATE SIGNED
	ACTUAL	Sounds	1 Al	estarelia	CHIEF MEDIC	AL EXAMINER		***************************************
1	ACTUAL SIGNATURE	Denedu	ctsi	estarelic			П	V
1	SIGNATURE EXAMINER'S	Denedu			ASSISTANT N	EDICAL EXAMINER		27 2000
4	EXAMINER'S NAME (Type)	Benedic	et Skit	arelic, M.D.	ASSISTANT N	REDICAL EXAMINER	March 2	27, 1959
1	SIGNATURE EXAMINER'S NAME (Type) 220 BURIAL, CREMATIO	1 226 DATE THEREC	et Skit	aralic, M.D.	ASSISTANT N DEPUTY MED R CREMATORY	NEDICAL EXAMINER	March 2	county) (State)
	EXAMINER'S NAME (Type) 220 BURIAL CREMATIO REMOVAL (Specily)	3/30/19	et Skit	aralic, M.D. R NAME OF CEMETERY OF ASbury Ceme	ASSISTANT N DEPUTY MED R CREMATORY ETERY	ICAL EXAMINER 270 LOCAT ILLO	March 2 ON (City, lowe, or Orefie_C	county) (Stote)
	SIGNATURE EXAMINER'S NAME (Type) 220 BURIAL, CREMATIO	3/30/19 s signature	et Skit	arelic, M.D. R NAME OF CEMETERY OF ASbury Ceme Address	ASSISTANT A DEPUTY MED R CREMATORY STORY 240.	NEDICAL EXAMINER	March 2 ON (City, lown, or Orefie_0 AR 24b. REGISTR	county) (State)



VS A15 (4)

15M 10/57

	MARY	LAND	STATE	DEPA	RTMENT	OF	HEALTH-BALTIMORE,	18
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CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY o. STATE **b.** COUNTY MARYLAND Allegany b. CITY OR TOWN (If outside corporate fimits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If oulside corporate limits, write RURA), and give nearest lown) RURAL and give nearest lown) Frostburg Lifetime Frostburg d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION & STREET ADDRESS e. IS RESIDENCE ON A FARM? .25 East Main YES NO IN Main NAME OF First Middle 4. DATE Month Year DECEASED OF V. (Type or print) Nellie DEATH Fisher 19 59 S. SEX 6 COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED lost birthdoy) Female White Months Days Hours WIDOWED F DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if relired) Housework home Own Eckhart. U.S.A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Mary V. Jordan John McMullen 15 WAS DECEASED EVER IN L S. ARMED FORCES? 16, SOCIAL SECURITY NO 17 INFORMANT Address Frostburg . Md . No None Mr. Jackson Fisher. Consolidation Village 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] ONSET AND DEATH PART I. DEATH WAS CAUSED BY Acute Cardiac dilitation Sudden IMMEDIATE CAUSE (o) DUE TO years myocardial insufficiency Conditions, if ony, which gove rise to immediate **DUE TO** cause (a), stoling the underlying couse lost. CERT.F CATION PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 17. WAS AUTOPSY PERFORMED? YES NO K 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, form, 20f. (City or town) 20d, INJURY OCCURRED (County) (Stote) Hour o. m. factory, street, office bldg., etc.) While Nat while at work at work p. m. 21. I certify that I attended the deceased from that I last saw the deceased alive on that death occurred at_____ LiM, from the causes and an the date stated above ADDRESS (Street, city or lown, state) ACTUAL SIGNATURE PHYSICIAN'S NAME [Type] 270 BURIAL CREMATION 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town or county) (Stote) REMOVAL (Spenfy) Eckhart Cometery Eckhart Md afer Funderal Home 24g, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

Main Frostburg Md

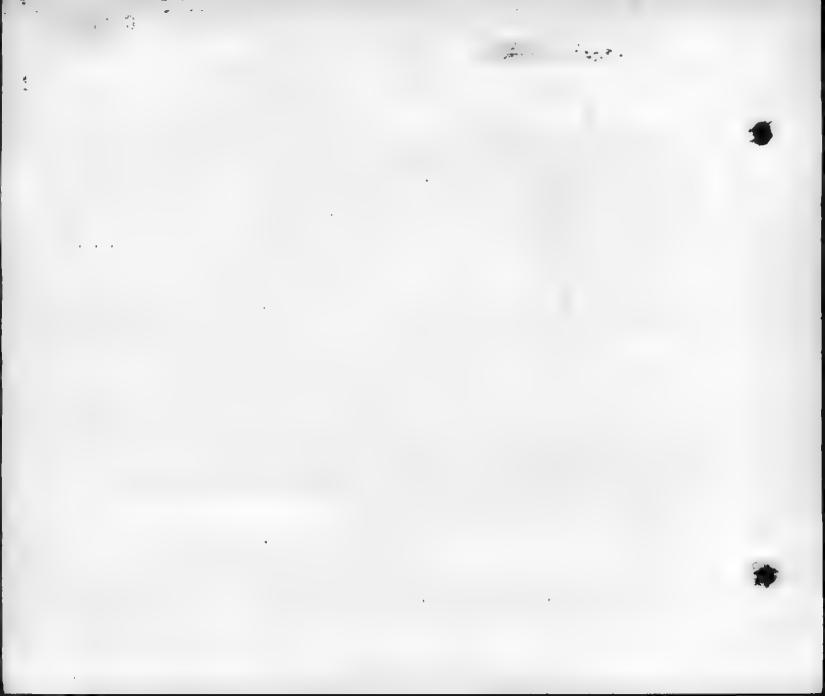
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15M 10/57

1 7	>			MAKTI S	21		ATE OF DEA		IIMOKE, I	Reg. Dist. I	12522
directo			PLACE OF DEATH	Leg any		MARYLAND	2 USUAL RESIDENCE o STATE Mar	(Where deceased yland	b COUNTY	Alleg	
funeral funeral			E CITY OR TOWN (IF RURAL and give ne		ts, write c. I	LENGTH OF STAY IN 16	c CITY OR TOWN	(If outside corpor berland		JRAL and give	nearest town)
by the			OR INSTITUTION	red Heart			314 Pu		Street		e IS RESIDE ON A FA YES N
n 24 ha filted in			NAME OF DECEASED (Type or print)	Vio		Middle M.	Fogtman	4. DATE OF DEATH	March March		Doy Yeo 16th 19
I Selection		F	emale	6. COLOR OR RACE white	WIDOWED [,	Jan 23,		lost by thdoy) 64 yrs.	Months Doy	AR IF UNDER 2
nd com		100	during most of working Housewi:	ng life, even if retired	done 10b. KIND	OF BUSINESS OR INDI	JSTRY IT BIRTHPLACE (SI	ole or foreign co Land	ountry)		S.A.
الم الم		13.	FATHER S NAME				14. MOTHER'S MAIDE	N NAME			
icate /sicia we ce urs af				Spoerl	Para Laure			Clar		ners	
h certif ing physe remo		15. 1 ^Y 0	So or unknown)	IN U. S. ARMED FOR 1 year, give war or dotes of s	ervice]	irne	Pt's cha	rt- Hus	band Addre	ėss	
eor end			18 CAUSE OF DEAT	TH [Enter only one co	use per line for	r (o), (b), and (c),]				11	NTERVAL BETW
e o te				H WAS CAUSED BY: IMMEDIATE CAUSE (a	Acute	e Occlusio	on, Right (Coronai	ry Arter	·y_	minute
다 선도를			420.1	DUE TO							
and the second s			Conditions, if on		Hyper	rtensive a	and Arterio	osclero	otic Hea	irt	
o're gner in c			gave rise to in couse (a), stating t		d.	isease, wi	th cardio	negaly	& old n	assiv	е
ait sit			lying couse lost.) (c	a.	nterior my	rocardial '	infarct	ion		13 mon
sici sici bee iron		N O	PART IL OTH	ER SIGNIFICANT CON	DITIONS CONT	RIBUTING TO DEATH BU	T NOT RELATED TO THE TE	RMINAL DISEASE	CONDITION GIVE	N IN PART 1(o	19 WAS AUT
phy phy right	CV-	A	Acute Ol	struction	n of s	Sigmoid Co	olon, due	chronic	divert	iculi	TINGS IX N
IAN: Tending Ficate I The but		L CERTIF	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	UNDERLYING []	20b. DESCRIBE	HOW INJURY OCCURR	ED. (Enter noture of injury	in Port 1 or Port	Il of item 18.)		
or of cert cert se os ation		DICA	20c TIME OF INJURY Hour o.m	Month, Doy, Yes		Y OCCURRED 20e. P	LACE OF INJURY (Home, foctory, street, office bldg.,	orm, 20f (City etc.)	or lown)	{Coun	ועו

legany nd give nearest town) e IS RESIDENCE YES NOT 16th 10 59 ER TYEAR IF UNDER 24 HRS Doys Hours CITIZEN OF WHAT COUNTRY? U.S.A. INTERVAL BETWEEN ONSET AND DEATH minutes sive months ART 1(0) 19 WAS AUTOPSY PERFORMED?]] † 1[,1 \tes DX NO [] (County) (State) of work of work 21. I certify that I attended the deceased from February 25, 58, to March 16th 19 59, that I last sow the deceased olive on March 16th 19.59___, and that death accurred at 9:55P.M. from the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE Algonquin Hotel PHYSICIAN'S NAME (Type) Wyand F. Doerner, Jr., M.D. Cumberland, Maryland 220. BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY? 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE DATEMAR 2 0 '50 Orthor & River



M

... MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

0200

4366				Re	g. Dist.	No.	
PLACE OF DEATH • COUNTY		2 USUAL RESIDENCE (WHO STATE			Residence (pefore adm s	sion)
ALLEGANY MARYLA	IND	MAH MAH	RYLAND	b. COUNTY	ALLE	GANY	
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	1 1b	c. CITY OR TOWN (If o	utside corporate l	imits, write RURA	L ond give	nearest low	n)
CUMBERLAND I DAY		X LON	NACONING				
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION MEMORIAL HOSPITAL		, d. STREET ADDRESS				e. IS RE	SIDENCE FARM?
MEMORIAL AND WARWICK AVENUES		BC	X 214				NO []
3. NAME OF First Middle DECEASED		Lost	4. DATE OF	Month		Day	Yeor
(Type or print) EDNA M		FOOTE	DEATH	MARC	H	2	19 59
6. COLOR OR RACE 7. MARRIED NEVER MARRIED	(C) 8.	DATE OF BIRTH	lo.			EAR IF UND	
FEMALE WHITE WIDOWED DIVORCED			594Z	61 7"	onths Do	ys Hours	Min.
0a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working life, even if retired)	INDUST)			COUNTRY
House Work Own Home		WESTERNPO	RT, MARY	'LAND	U.S	.A.	
3 FATHER'S NAME		14 MOTHER'S MAIDEN N	IAME				
HENRY DAYTON		EMM	A DAWSON	1			
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. IN	FORMANT		Address			
IV.	ME	MORIAL HOSPI	TAL	CUMBE	RLAND	, MD.	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]		-				INTERVAL BI	TWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) <u>Uremia</u> hepat	icc	noma.				- 1	irs
581.0 DUE TO		4.1744					
Conditions, if ony, which } (b) Portal Cirrhosis of liver							?
gove rise to immediate couse (a), stating the under-							
lying couse last. (c)							
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	H BUT N	OT RELATED TO THE TERMI	NAL DISEASE CON	IDITION GIVEN	IN PART 16	o) 19. WAS	AUTOPSY RMED?
Post hemorrhagic anemia due	to	ruptured esc	phageal	varices			NO []
DR CONTRIBUTING EL (AUSE OF DEATH) (IF EITHER, NOTIFY MEDICAL EXAMINER)	JURRED.	(Enter nature of injury in E	Part I or Part II of	item 18.)			
	De. PLAC	CF OF INJURY (Home, farm	20f. (City or to	wn)	(Cou	nly)	(State)
Hour o.m. White Not while of work of work	TOCTO	ory, street, diffice Bing., etc	1				
21. I certify that I attended the deceased from Mare	ch]	. 19 59ю Ма	rch 2	10 50 11	at Llar	t caus the	docomico
glive on March 2, 19 59 and that d	leath (occurred at 2:25P	The from the	may 17maydagiyill Noqorrana mad	an the	Jata stat	deceased
and the state of t	Com		ADDRESS (Street,				ATE SIGNED
SIGNATURE TENNELS			Pershing			2/1/5	' O
7-1	37)	<u> </u>	vavanturie				¥
PHYSICIAN'S Samuel M. Jacobson, M.D.		Cu	mberland	Ma wrl :	and		
20. BURIAL CREMATION, 226 DATE THEREOF 226 NAME OF CEMETE	ERY OR		22d. LOCATION			(Sto	e)
Burial 3/5/59 Oak Hill	1 C	emeterv	_	coning	,,	Md.	,
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		24g REC'I	BY REGISTRAR	24b REGISTRA		TURE	
George Eichhorn Lonaconing,	M_0	DATE MA	IR 9 '59	Chil	M &. 7	icall	



0

02524

2522	CERTIFICA	ATE OF D	EATH			Reg. Dist	Ma	
1. PLACE OF DEATH		2 EICHAL DECI	ENCE IMP		lived If institute			
& COUNTY	MARYLAND	o. STATE	SEARCE LAADEL	e occamed	b COUNTY	on Residence	perore gan	hissionj
Allegany			<u>iaryla</u>				egany	
b CITY OR TOWN (If autside carporate timits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR T	OWN (If outs	ide carpord	ote limits, write R	URAL and giv	re nearest to	own]
Cumberland	7 years	Cı Cı	mherl	and.				
d NAME OF HOSPITAL (If not in haspital, give street add OR INSTITUTION	dress)	d. STREET A	DDRESS				e. IS F	RESIDENCE
		l H	llcre	et Dr	ive			NO NO
3 NAME OF First	Middle	Last		. DATE	Man	th	Day	Year
(Type or print) ALTCE GO	RTRILLE	CL.OB WYM		OF DEATH		910	ouy	
5. SEX 6. COLOR OR RACE 7. MARRIED		GUODATIN 8. DATE OF BIRTH	1	9	March AGE (In years	IF UNDER 1	YEAR IF UN	1959 NDER 24 HRS
- WIDOWED			•		last birthday)		ays Hau	
10a. USUAL OCCUPATION (Give kind of work done 10b. KIN		December	-23,1	882	7.6 yrs.			
								IAT COUNTRY
TO LEAR OF BLUE	estered Nurs				1	U	SA	
13 FATHER'S NAME		14. MOTHER'S						
Henry Finzel (I	Deceased'	Saral	a McK	enzie	: (Dece	eased)		
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SO (Yes, no or unknown) [If yes, give wor or date of service]	CIAL SECURITY NO. 17 H	NFORMANT			HI LANG	arest	Drive	
for her farments of the heart of the heart of	M	rs Artl	VI.		Cumbo	rland	. Mar	yland
18. CAUSE OF DEATH [Enter only one cause per line t			HIE DE	wkins	1		INTERVAL	
PART I DEATH WAS CAUSED BY.	menal	Callen	1 -	Last	me			ND DEATH
IMMEDIATE CAUSE (a)	0/1007	Ct Ct	/	/			Lafa	doing
420,0 DUE TO	1 /	ant.	1.18	7	010	110	20	10000
Canditians, if any, which gave rise to immediate	cores	no an	1400		p vice		1	per vs
cause (a), stating the under-	0. 0.	1 1	/	101	a m		7	
lying cause last. (c)	nerallyer	o acc	-ans				_ '	
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINA	L DISEASE	CONDITION GIV	EN IN PART	(a) 19 WA	S AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CON	' Smal	ense						FORMED?
200 ACCIDENT WAS UNDERLYING [] 206. DESCRI	BE HOW INJURY OCCURRED	D. (Enter nature of	injury in Par	1 i or Part i	t of item 18.)	-		
206 ACCIDENT WAS UNDERLYING [] 206. DESCRI								
	IRY OCCURRED 20e. PLA	ACE OF INJURY IN	lome form	20f (Ciby o	w towal	10.	onty)	(State)
Haur a.m. While	_ Nat while fac	ctary, street, office	bldg., etc]			100	onlyj	(Sidis)
	at work		7					
21. I certify that I attended the deceased		1959	, lo 15	March	1959	_,that I la	st saw th	e deceased
alive an 15 March 19 59	, and that death	occurred at_	5:40P.	M, from	the causes a	nd on the	date sta	ated above
1 21/100	<i>M</i>				et, city or town,			DATE SIGNES
SIGNATURE W. WHEN VE	n oum	M D					3	3/17/59
		**********						.4
PHYSICIAN'S Alfred Vanormer h	i.D.	122 So	uth C	enter	St. Cu	mberl	and.	Md.
	2c. NAME OF CEMETERY OF							
REMOVAL (Specify)					on (City, town, orland,			tale)
Burial March 18, 195								
John J. Hafer, Cumberlan	ADDRESS		24a. REC'D 8		AR 246 REGIS	STRAR'S SIGN	IATURE	
oom of nater, onwhertat	id, rarytand		DATERIAD	1 0 100				

DATEMAR 1 9 '59

Orthug & Kings



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VS A15 (4) 15M 10/57

Fred Filloward

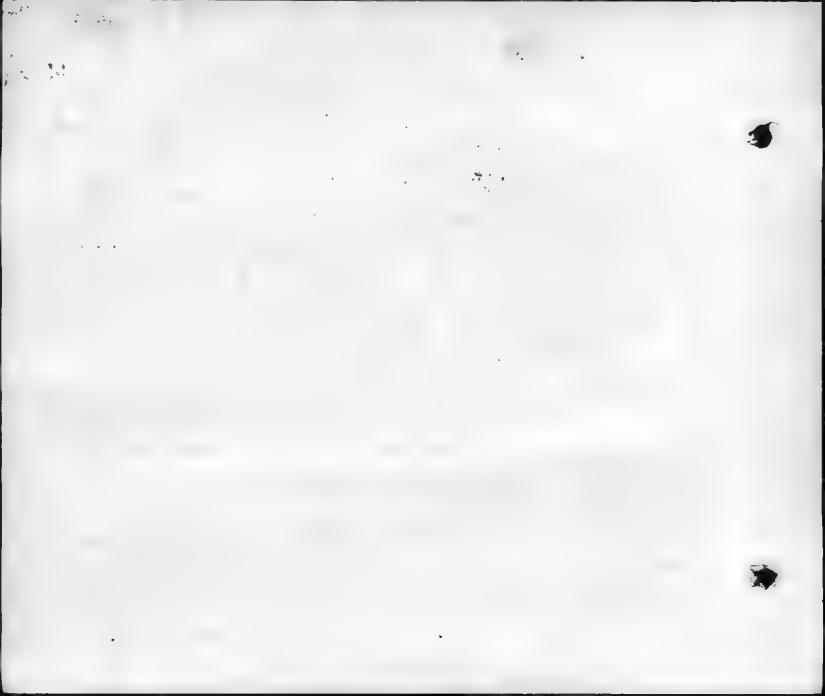
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MARYLAND STATE DEPARTM	IENT OF HEALTH—BALTIMORE, 18
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CERTIFICATE OF DEATH

02525

Allegany	25	24	CERTIFIC	AIE OF	DEAII			Reg. Di	ist. No.		
	Alle any		MARYLAND	o. STATE	esidence (w		d lived. If institution b. COUNTY		nce befor		1)
b. CITY OR TOWN (I RURAL and give re	f autside corporate lim earest (awn)	is, write	c. LENGTH OF STAY IN 15	c. CITY C	R TOWN (IF	outside carpa	rate limits, write R	URAL and	give nea	irest town)	
Cumber	land [AL (If not in hospital, (10 pyanto.		sternpe	ort					
OR INSTITUTION	acred Hear			104	Main S	St.				e. IS RESIDI	
3. NAME OF DECEASED	Fi	3.I	Middle		Last	4. DATE	Man	th	Do	y Yes	Dr
(Type or print)	Ber		A.	Gri	ffi.n	DEATH	7.7	arch	2.	19	59
5. SEX	6. COLOR OR RACE	7 MARR	IED NEVER MARRIED	B. DATE OF B	RTH		9. AGE (In years last birthday)			IF UNDER	
Female	White	WIDOW		2/28	18	890	69 yrs.	Months	Days	Haurs	Min
during most of world	ON (Give kind of work king life, even if retired	dane 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTI	IPLACE (State	or fareign c	ountry)	12 CI	TIZEN O	F WHAT C	OUNTRY
house-wi	~		wn home			Maryl	and		U.S.	.A.	
13. FATHER'S NAME				14. MOTHE	R'S MAIDEN I	NAME					
T _A	illiam Ham	mers				1					
15. WAS DECEASED EVE	R IN U.S. ARMED FOR	CES7 16.	SOCIAL SECURITY NO. 17	INFORMANT			Addi	ress			
gres. no. or ununaway	(If yes, give war or dates at s	ervice)			Chart						
18 CAUSE OF DEA	ATH Enter only one co	use per lir	ne for (o), (b), and (c).]			1			INTE	RVAL BETW	VEEN
	TH WAS CAUSED BY.	S.d.	1 Duman al	Cost	11.00	10	11000-			ET AND DI	
39.1	IMMEDIATE CAUSE (c		COCOTO IT	count	Winn	129	y car			VAIL	onli
Canditions, if a											
gave rise to	mmediate								-		
lying couse last.											
	J (c	-	ONTRIBUTING TO DEATH BL	T NOT PELATED	TO THE TERM	INIAL DICE ACI	E CONDITION CO	EN LINE DAR	7 14.1 1	D 14/45 44	TORCY
CAI		51110143_5	STATE OF THE STATE OF	THO RELATED	TO THE TERM	IINAL DISCASI	E CONDITION GIV	EN IN PAR	(1 (0) 11	PERFORM	NO D
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY OCCURI	RED. (Enter natur	e of injury in	Port I ar Pari	ill of stem 18.)				
20c. TIME OF INJUR Hour a. m.	Y Manih, Day, Ye	20d. IN While	Not while	PLACE OF INJUR actory, street, of	Y (Home, form fice bldg., etc	20f. (City	or lawn)	(County)		(State)
	ot I attended the			19.5	4. ta	3 -	2 19.57	that I	lost so	ou the d	
alive on	3 - 2	10	7, and that deal	h occurred	/ 113	I M from	the course	-,11101	to almi	14 111 6 Ut	-cease
dire on	1/)	/	·	ii occurred (reet, city or town,		ле аат		ODOVE E SIGNET
ACTUAL SIGNATURE	hurs	Har	njo	M.D. 5	-	eme				3-	3->5
PHYSICIAN'S AME (Type)	EWIS	Bi	RINGS		Ci	mh	elend	(h	ld		
220. BURIAL, CREMATIO 1REMOVAL (Specify)	N. 226. DATE THEREC	F	22c NAME OF CEMETERY				ION (City, town, o			(State)	
purial	13/5/59			rs Ceme			ternpor		d.		
23 FUNERAL DIRECTOR	0 0 0 1		ADDRESS		1	D BY REGIST	1		1 -		
11/1/1/1/1/	VIRAN.	/	Piedmont	J Wo	DATEMA	9 5 '5	S Club	Churt X	Theres	4.	



ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	18
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02526

2525 CERTIFICATE OF DEATH

PLACE OF DEATH O. COUNTY ALLEGANY	MARYLAND	n SYATE	ICE (Where deceased RYLAND	lived. If instituti b COUNTY	on Residence befo	re admission)	
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND	20 minutes	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) CUMBERLAND					
d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION HEART HOSPITAL,	oddress)	d STREET ADD	RESS EDMONT AVE	C.		e IS RESIDENCE ON A FARM? YES NO M	
3. NAME OF DECEASED (Type or print) WALTER L.	Middle HARDMAN	Last	4. DATE OF DEATH	MAR CF		y Yeor 19 59	
S. SEX 6 COLOR OR RACE 7 MAR WHITE WIDOW		12-17-99		9 AGE (in years last brilhday) yrs	Months Days	IF UNDER 74 HRS Hours Min	
10a. USUAL OCCUPATION (Give kind of work done) 10b Suring most of working life, even if retired) MC	rchants Whole	sale PENN	E (State or fareign co	Bedfor		A.	
13. FATHER'S NAME		14. MOTHER'S M	IDENTIMES he	ars	_		
CLINTON HARDMAN (Decease			E HARDMAN	(Deceas	sed)		
15 WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes. no. or unknown] [If yes, give wor or dates of service]	14-05-621-C	CHART		Add	ress		
18. CAUSE OF DEATH [Enter only one cause per I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) UE TO Conditions, if any, which gove rise to immediate (b)	Coverage	selur	accholo	ton	INTE ONS 2	RVAL BETWEEN ET AND DEATH	
cause (o), stating the under- tying cause lost.	CONTRIBUTING TO DEATH BUT	Return NOT RELATED TO TH	MUNDOSEASE	CONDITION GIV	/EN IN PART 1(0) 1	Y WAS AUTOPSY PERFORMED?	
UF EITHER, NOTIFY MEDICAL EXAMINER	CRIBE HOW INJURY OCCURRED	Enter nature of in	jury in Port I or Part	(I of clem 18)			
Hour o.m, 19 While at wo	Not white fac	lory, street, office bl		or fawn)	(County)	(State)	
21. I certify that I attended the decearative an 2 12 19	27, and that death	accurred at 5	ADDRESS (Sh	the causes of the test of the causes of the	and on the dat state)	te stated above. DATE SIGNED Md. 3/16/5	
PHYSICIAN'S LEWIS BRINGS, M.	D.	57	GREEN STU	EET CUME	BERLAND,	Md.	
720 BURIAL CREMATION, 226. DATE THEREOF REMOVAL (Specify) 3/16/59	ZC. NAME OF CEMETERY OF HILLCRest Bur			ion (City, town, c rland,	Maryland	(State)	
23. FUNERAL DIRECTOR'S SIGNATURE John J. Hafer, Cumberl	and, Maryland	-	TE MAR 1 9		STRAR'S SIGNATUR		



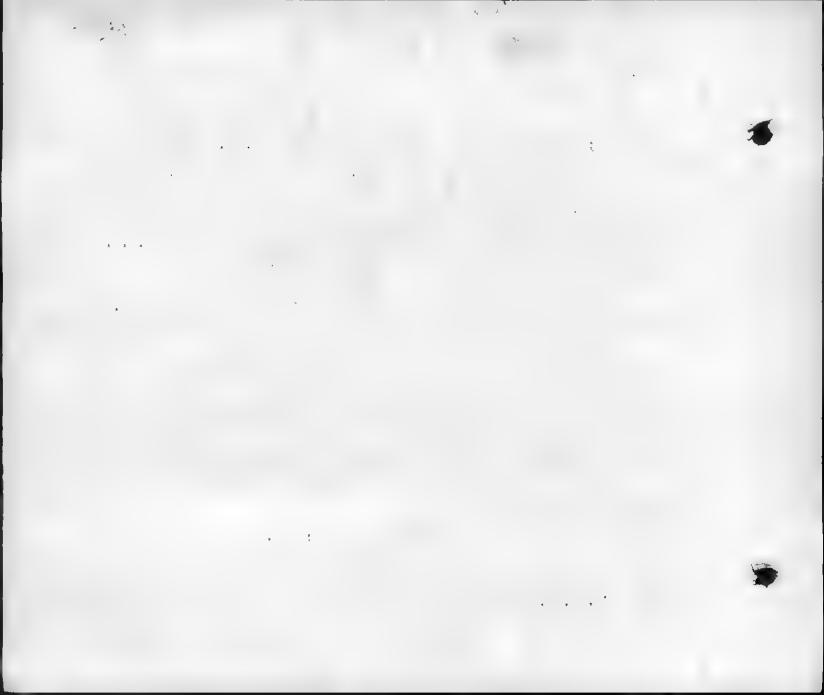
MARYLAND	STATE	DEPARTMENT	QF	HEALTH-BALTIMORE,	18
	J. E. H E1	100 a	- D = 1	ZWERM BT	

2526 CERT

CERTIFICATE OF DEATH

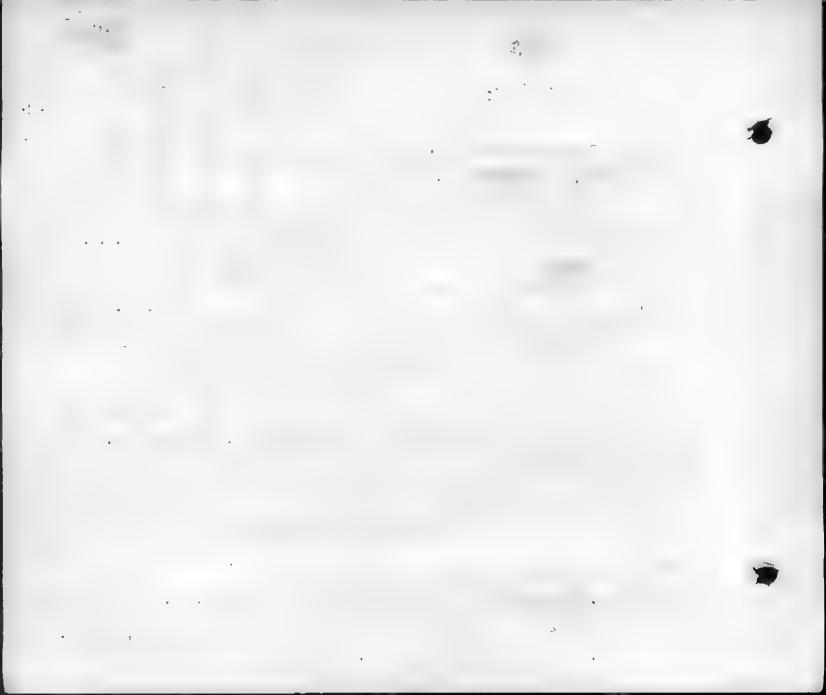
02527

4000				redi nis	17 170.
1. PLACE OF DEATH O. COUNTALLEGANY	MARYLAND	2. USUAL RESIDENCE OF STATE MAR	E (Where deceased lived YLAND	t If institution: Residence b COUNTY ALL	e before admission) EGANY
b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) CUMBERLAND	c. LENGTH OF STAY IN 16	III	I (If outside corporate II MBERLAND	mits, write RURAL and g	rve nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street a OR INSTITUTION MEMORIAL HOSPITAL	ddress)	d. STREET ADDRE	YETTE AVE.		e IS RESIDENCE ON A FARM? YES NO Y
3. NAME OF First DECEASED (Type or print) JOHN	Middle W	HARE	4. DATE OF DEATH	Month MARCH	Day Year 15 19 59
S SEX 6 COLOR OR RACE 7. MARRII WIDOWEL	ED NEVER MARRIED DIVORCED	Oct. 4,	884 P	And Salt St. D. D.	TYEAR IF UNDER 24 HRS Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if refired) Retired Park Police Ci	ty of Cumbe	1		rtinsburg	A .
THOMAS HARE		14. MOTHER'S MAIL NA NC	Y DYCGE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 S (If yes, give wor or doles of service) NO		MEMORIAL HO	SPITAL, CUN	Address ABERLAND, MC) .
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (o), storing the under-	e for (o), (b), and (c).] Pluces Curen	oma	of The	growil	INTERVAL BETWEEN ONSET AND DEATH 3 4 7 2
Part II. OTHER SIGNIFICANT CONDITIONS CO	DNTRIBUTING TO DEATH BUT	NOT RELATED TO THE	ERMINAL DISEASE CON	NOITION GIVEN IN PART	1(a) 19 WAS AUTOPSY PERFORMED? YES NO
	RIBE HOW INJURY OCCURRE	D (Enter nature of injur	y in Part I ar Part II af	item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN. Hour a.m. p. m. 19 While at work	Not while fo	ACE OF INJURY (Home, ctory, street, office bldg	form, 20f. (City or to	wn) (C	County) (State)
21. I certify that I attended the decease alive an 3/15 , 19.5	gram High 1		5 PeM, from the ADDRESS (Street,	causes and an th	
PHYSICIAN'S NAME (Type) DR. S. G. WEISM	AN				
BURIAL, CREMATION, 226 DATE THEREOF BURIAL (Specify) 5-18-59	Wesley Chap		Points	(City, town, or county) W.Va.	(State)
23. FUNERAL DIRECTOR'S SIGNATURE Lames 1 Scarpelli Cu	mber Land, Mo	24a.	REC'D BY REGISTRAR	246 REGISTRAR'S SIG	4 4



	MARYLAND	STATE DEPARTM	ENI OF HE	ALIH-RA	LIIMORE,	18	200	
	2527	CERTIFICA	ATE OF DI	EATH		Reg. Dist. I	SSZX	
1,	PLACE OF DEATH		2 USUAL RESIDE	NCE (Where decea	sed lived. If institu	non Residence b	efare admission	1)
	* ALLEGANY	MARYLAND	o. STATE	YLAND	b. COUNT	EEGANY		
Г	b CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If outside cor	porale limits, write	RURAL ond give	nearest town)	
	CUMBER LAND	38 DAYS	C	UMBERLAN	D			
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d STREET ADI	DRESS		-	e. IS RESIDE	ENCE AFM?
	MEMORIAL HOSPITAL, MEMOR		71 GR	EENE ST			YES 🗍 Þ	
3.	NAME OF First	Middle	Lost	4. DATE	Mo	nth	Day Yes	Or .
	(Type or print) Newton	B. HEI	MS	DEAT	н м	ARCH	1 19	
	4410		8. DATE OF BIRTH	100	9. AGE (In years last hirthdoy)	Months Day	AR IF UNDER	24 HRS Min
	ALE WHITE WIDOW		5/25		1 3 7			
100	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor	Restaurant		ISYLVANIA	country)		OF WHAT CO	DUNTR'
13.	FATHER'S NAME		14. MOTHER'S M		*			
	CHARLES Heims		CL	ARA Le	edy			
15 (*•	WAS DECFASED EVER IN U. S. ARMED FORCES? 16	NY	NFORMANT			dress		
	No,	None	MEMORIAL	HOSPITAL	CUMBERLA	ND, MD.		
	18 CAUSE OF DEATH [Enter only one couse per li		-			10	NTERVAL BETW	VEEN EATH
		eriosclerotic				negaly.	several	
	DUE TO C	old myocardial		congesti	ve failur	e and		
	Conditions, if ony, which (b) II	wocardial dege	eneration					
	cause (a), stating the under-							
z	PART II. OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DESTRUCT	NOT BELLIFO TO T	110 7001411111 0450				7.0001
CERTIFICATION	The state of the s						PERFORM	VED5
E	Chronic Pyelonephritis	WILD EATLY UTE	D (foter poture of i	nius in fort tor f	U. DODIII	eal art	YES N	40 DE
CERT	200. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		or terrer transfer at	n,e., m. 1 e. 7 e. 7	,			
		NJURY OCCURRED 20e. PL	ACE OF INJURY (Ho	me, form, 20f (C	ity or town)	(Coun	ilv)	(State)
MEDICAL	Hour b.m. While of wor		clory, street, office b	ildg., elc.)		,	,,	. ,
	21. I certify that I attended the deceas		1058	wMarch I	1050) Ab l		
	olive on March 1st, 195	2, and that death	occurred at	2:10Pu 6	g	IBOIT I IOST	sow the de	ecease
		Z, dild indi dedin	occorred dt_5		(Street, city or town			E SIGNE
	SIGNATURE Nyoux 7 Wo	anenda	MD Als	onquin H	otel			
	A	0.	or .aaaaaaaaaa	X				
	PHYSICIAN'S DR. WEYAND DOER	NER ALGO	TOH_MILUPA	EL, CUMBE	RLAND, MD	.		
220	BURIAL CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d LOC	ATION (City, town,		(Stote)	
	Burial 3/3/59	Umbria Cer	netery	0 s	ceola M	ills, 1	Penna.	
23	FUNERAL DIRECTOR'S SIGNATURE Charles L. George C	umberland, 1	Mr el	4a. REC'D BY REG		STRAR'S SIGNA		
	ondries by ocorge c	umberrand 1	T 44 8	MAR 4	'59 (inthun S. 1	/ LANG	

DATE MAR 4



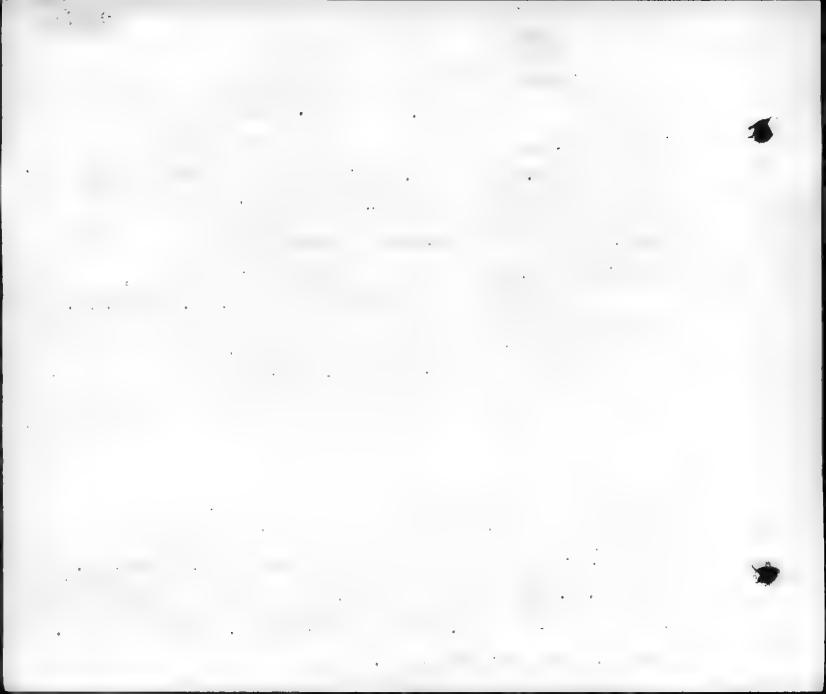
VS A1S (4) 15M 9/SB

١	ARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18

CERTIFICATE OF DEATH 2579

_	- (125	29
Reg.	Dist.	No.	

1 PLACE OF DEATH a COUNTY		2 USUAL RESIDENCE (V			before admission)
Allegany	MARYLAND	Marv	3 - 3	Alle	zany
b CITY OR TOWN (if outside corporate limits, write	c. LENGTH OF STAY IN 15		outside corporate limit		
RURAL and give nearest town) Fros thurg	3 Mos.	Mt. S.	avage		•
d NAME OF HOSPITAL (If not in hospital, give street of		d STREET ADDRESS			e IS RESIDENCE
Miner's Hospital		Glen S	avage Roa	đ	YES NO
3 NAME OF First	Middle	last	4. DATE	Month	Day Year
(Type or print) Emma	C.	Henckel	OF DEATH M	arch 1	3th, 1959
S. SEX 6. COLOR OR RACE 7. MARR		B DATE OF BIRTH	9. AGE	In years IF UNDER 1	YEAR IF UNDER 24 HRS
Female White WIDOWE	D DIVORCED	April 18th	,1873 los 8	5 yrs. Months D	ays Hours Min.
10a USUAL OCCUPATION (Give kind of work done 10b	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stot	e or foreign country)	12 CITIZE	N OF WHAT COUNTRY?
during most of working life, even if retired) Housework	m housework	Pennsyl	vania	I	JSA
13 FATHER'S NAME		14 MOTHER'S MAIDEN			7
Valentine Henckel		Catheri	ne Snyder	,	
TS WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO	NFORMANT		Address	
[If yes, give war or dates of service]	Mi	ss Edna He	nckel, Mt	. Savage	. Md.
18. CAUSE OF DEATH [Enter only one couse per lin	e for (o), (b)/ond (c).]	-1/	/		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY	soks as	Kanuks:	1/15-0		ONSET AND DEATH
33/X DUE TO	1 1-	5 7 0	./		Summal
Conditions, if any, which	Merco	SOLILIAC	11 1		Jonks
gove rise to immediate (7
lying cause lost.					/
_	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE CONDI	TION GIVEN IN PART	(o) 19 WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS C					PERFORMED?
200 ACC DENT WAS UNDERLYING [] 206. DESC	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part 1 or Port II of ite	m 18.)	1
OR CONTRIBUTING CAUSE OF DEATH					
2	f.e.	ACE OF INUJRY (Home, for		(Co	unty) (Stote)
Hour a.m. p. m. 19 While of work	Idot wittle	nory, sireer, office bidg., e	212.	. 7	
21. I certify, that I attended the decease	ed from VCA /2	105B 10	PISALLO[1	195 That I loss	saw the deceased
alive on /// 2 /3 19	1-1	accurred at 7-43	The fram the car		date stated above.
dive on J. J.	1)	accorrecy diz	ADDRESS (Street, city		DATE SIGNED
ACTUAL SIGNATURE	and a	MD E. Ma	4 O. D.	ostburg.	Md. AS
SIGNATURE TO THE TOTAL OF THE T		M D		0000000	211 3
PHYSICIAN'S NAME (Type) W. O. McLane		M.D. # #	19	87	1959
220 BURIAL, CREMATION, 22b. DATE THEREOF	220 NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (Cit	y, tawn, or county)	(State)
Burial 3-16-59	St. Patrick	s Cemetery	Mt. Sax	age.	Md.
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			46. REGISTRAR'S SIGN	
Joseph R. Durst, From	stburg, Md.	DATE N	IAR 1 7 '59	anthon 8	trans



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		2528	CEKTIFIC	CATE OF DEATH Reg. Dist. No.	
	PLACE OF DEATH O COUNTY	Allegany	MARYLAND	2 USUAL RESIDENCE (Where deceased lived if institution. Residence before of STATE Maryland b COUNTY Allegany	
	Cumber	land	8/5/58	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest LaVale	lown)
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give stree llegany Cour		7 Oaklawn Avenue	RESIDENCE N A FARM?
	NAME OF DECEASED (Type or print)	John	Middle A • E	lendrickson Pearth March 15,	Yeor 19 59
S. :	Male	White wipov		11/10/1875 83 birthday) Manths Days Ho	
	Retited F	(ing life, even if refired)	. KIND OF BUSINESS OR INC	us	B. A.
	FATHER'S NAME		RICKSON	MARTHA HUFF	
IS. {Ye		R IN U. S. ARMED FORCES? 16 (If yes, give wor or dates of service)		Address Cumberle Llegany County Infirmary Records	
		ITH (Enter only one couse per I TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	0 -	ranary Schroeis Interval	L BETWEEN
	gave rise to it couse (a), stating lying couse last.	the under-	Lereler	al Mitercoclinosio	>
CERTIFICATION		Serret	CONTRIBUTING TO DEATH BE		AS AUTOPSY REORMED?
	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING (1) 206. DES CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCUR	RED (Enter noture of injury in Port I or Port II of ilem 18.)	
MEDICAL	20c TIME OF INJUR Hour o.m. p. m	While		PLACE OF INJURY (Home, form, 20f. (City or fawn) (County) foctory, street, office bldg., etc.)	(Stole
	21. I certify the alive on 3/1	at 1 ottended the decear		th occurred of 5:30PM, from the couses and on the date st ADDRESS (Street, city or town, state)	he deceos lated abo
	ACTUAL SIGNATURE	auces 6	: The a	46 49 Greene St. 3/1	16/59
	PHYSICIAN'S NAME (Type)	Dr. James E.		Cumberland, Md.	
220	REMOVAL (Specify)	N, 22b. DATE THEREOF	22c NAME OF CEMETERY		Stole)
	Burial	3/18/59	Rose Hill	Cemetery Cumberland, Maryland	



FOR STATE HEALTH DEPT.

N

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in them. 18. Give Hoges 1. 2, and 3 to the functor director. Page 4 should be "warded to the Chief Medical Examiner's Office olong with form PM3. Page 5 may be retained for your files. TO FUNERAL NECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 within 18 stole or its designated agent, prior to burial, cremotian, or removal, and in any event within 72 hours offer death

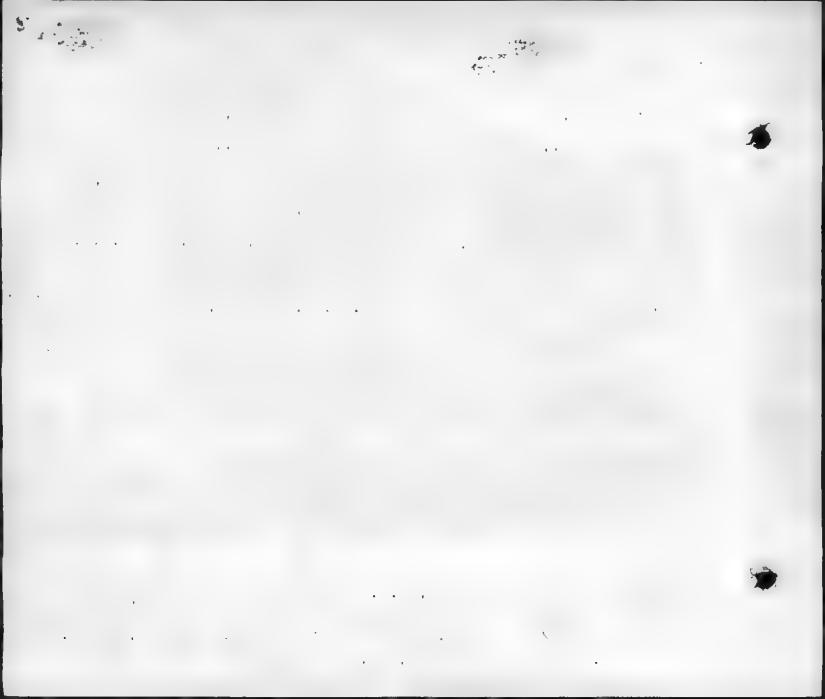
VII. A15ME

5M 2757

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2529 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 112531 Reg. Dist. No.

l"	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution, Residen	ce before odmission)
	o. COUNTY Allegany MARYLAND	o. STATE Maryland b. COUNTY Alle	egany
	b. CITY OR TOWN (It outs de corporate limite were EURA. c EENGTH OF STAY IN 1b and give nacrest (swe)	c, CITY OR TOWN (If outside corporate I mils, write RURAL and	give nearest town)
	Cumberland,	Cumberland,	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS	IS RESIDENCE ON A FARME,
	407 Beall St.,	407 Beall St.,	YES NO 1
3	NAME OF First Middle DECEASED (Type or print) Annette	Hensel OF MARCH	Doy Yeor 1, 19 59
5.	Female 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 8 9 10 10 10 10 10 10 10		YEAR IF UNDER 24 IIRS Novs Hours Min
14	on USUAL OCCUPATION (Give kind of work done during most of working life, even f retired) Linen folder Hosp. Laundry	Leisenring, Penna. U.	S.A.
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	George Hensel	Ann Prinkey	
	Yes, ng., as unknown) (F yes, give wor or dates of service)	s. C. F. Purdham, 5009 54th	tsville, Md Rogers Ht
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) CORONARY OCCL	USION	SUDDEN
1) DUE TO		
	Canditions, it any, which CORONARY SCLE	ROSIS	
	gave rise to immediate cause (a), stating the underlying DUE TO		
1	couse lost.		The second secon
A DESTRUCTION OF THE PARTY IS NOT THE PARTY IN THE PARTY	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
		nter nature of injury in Port 4 or Part 11 of item 18)	
A SECURITY AND	20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e PLA facility of work at	CE OF INJURY (Home, form, 20f, (City or town) (Cour ary, street, office bldg., etc.)	(State)
	21. I certify that I toak charge of the remains described aba	ve, held an Autopsy 🔲, Inspection 🔼, Inquiry	, and in my
	opinion death resulted fram: Natural causes [4]. Accident [, Suicide , Hamicide , Undetermined m	anner 🗌
	D 1 + 10 + 11		DATE SIGNED
	SIGNATURE Benedict Skitarelic	M.D CHIEF MEDICAL EXAMINER	OHIE STOTE
	EXAMINER'S BENEDICT SKITARELIC, M.D.	assistant medical examiner () DEPUTY MEDICAL EXAMINER () March 3, 13	959
2	20. BURIAL, CREMATION, 226 DATE THEREOF REMOVAL (Specify)	CREMATORY 22d LOCATION (City, town, or county)	(State)
	Burial 3/6/59 Mt. Olive		Penna.
2	3. FUNERAL DIRECTOR'S SIGNATURE CHarles L. George Cumberland, Mc	DATE MAR 6 159 CANTAN S. SIGN	L .
- 6	the state of the s	 	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
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2530 CERTIFICATE OF DEATH

Reg. Dist. No. 2532

1. PLACE OF DEATH o. COUNTY		MARYLAND	2 USUAL RESIDENCE (M		b COUNTY	_					
Allegant	f outs de corporate limits, write	c. LENGTH OF STAY IN 16	Md.			Legany					
RURAL and give no	eorest town)		c CITY OR TOWN (IF			nd give neorest fown)					
	nd Maryland	5 Days		land, Mar	yland						
OR INSTITUTION	TAL (If not in hospital, give street	address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?					
	d Heart Hospita		210 Kno	K St.		YES NO X					
3. NAME OF DECEASED	First	Middle	Lost	4. DATE	Month	Day Yeor					
(Type or print)	Sarah	E.	Higgins	DEATH	March	22nd 19 59					
S. SEX	6. COLOR OR RACE 7 MARI	RIED NEVER MARRIE	B DATE OF BIRTH	9 AC		DER TYEAR IF UNDER 24 HRS					
Female	White WIDOW	ED DIVORCED	3-1-1885	103	7) yrs Monti	hs Days Hours Min					
100 USUAL OCCUPATION	ON (Give kind of work done 10b.	KIND OF BUSINESS OR INDU		e or foreign country		CITIZEN OF WHAT COUNTRY					
Dot i mor	king life leven of telired)	Public Schoo	Ts Many	and		U.S A.					
13. FATHER'S NAME	Principal	dorre penoe	14. MOTHER'S MAIDEN			U.O A.					
	*										
James His		SOCIAL SECURITY NO. 17	Mary Do	uglas Hig							
	(If yet, give war or detect of service)		-1 7	2.0	Address	3					
No		None Mr	s. Charles	Mirks	Chapcat	and, Mu.					
18 CAUSE OF DEA	ATH [Enter only one couse per h	ne for (o), (b), and (c).]				INTERVAL BETWEEN					
PART I DEA	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic and coronary heart disease 6 years										
2620	LLO 1 DUE TO										
Conditions if a	Conditions, if any, which)										
	gove rise to immediate										
couse (o), stoting	the under-										
lying couse last.) (c)										
PART II. OTH	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	MINAL DISEASE CON	IDITION GIVEN IN I	PART 1(a) 19 WAS AUTOPSY PERFORMED?					
<u>5</u>						YES NO X					
PART II. OTH	AS UNDERLYING () 206, DES CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	D. (Enter noture of injury in	Port I or Part II of	ilem 18]						
\$ 20c. TIME OF INJUR	Y Month, Day, Year 20d II	NJURY OCCURRED 20e. P	ACE OF INJURY (Home, for	m 20f /Ciby or to	land	(County) (State)					
20c. TIME OF INJUR	While	Not while fo	ctory, street, office bldg., e	(c.)	wiij	(County) (alore)					
₹ p. m.	17 at wor	k at work	Q	1,	50						
21. I certify th	at I attended the deceas	ed fram. 5 = 4	.8 , 19 57, 10	3 - 24	19 29, that	I last saw the decease					
alive on 3 -	22 - 19	59 and that death	occurred at 1:0	PM, from the	causes and or	n the date stated above					
	:0			ADDRESS (Street, o		DATE SIGNE					
ACTUAL SIGNATURE	Lega lo. Ball	es ·	M.D. 62 Green	ne St.	3-2	3-59					
PHYSICIAN'S NAME (Type)	r. R. W. Ballin		62 Gre	ene St. C	umberland	Maryland					
220. BURIAL, CREMAT O	N, 226. DATE THEREOF	22c NAME OF CEMETERY C			City, town, or count						
REMOVAL (Specify)	3/25/1959		Cometery		ومدد بلاد						
23. FUNERAL DIRECTOR	1. 11 4/1 4/1	ADDRESS		D BY REGISTRAR	24b REGISTRAR'S						
Byron K		berlana, mu									
27 72 11	Terro Out	or reality and	DAT	R 2 6 '59	arthur	8. Hours					



VII A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	25	88	CERTI	FICAT	E OF I	DEATH	1		Re	g. Dist. N	lo.	
1 PLACE OF DEATH o COUNTY	llegany	<u></u>	MARY	LAND 2	USUAL RES	Marv		d lived If in 6 CO		Residence be		ession)
	outside corporate limi	ils, write	c. LENGTH OF STAY	IN 16	c. CITY OR			rote limits, w	rita RURA			wn)
19	ckhart		Lifetime	2	<	Eckh	art					
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, (give street (oddress)		d. STREET	ADDRESS					e. IS R ON YES [A FARM
3. NAME OF DECEASED (Type or print)	An	na.	Middle		mmelw		4. DATE OF DEATH	Mar	Month	14	th.	Year 19 50
5 SEX		7. MARR	IED NEVER MARRI	ED B. E	DATE OF BIRT	Н		9. AGE (In	yeors IF (Onths Day		
Female	White	WIDOWE			ay 5t		379	lost birth	уга.	enths Day	s Hour	rs Min
10a. USUAL OCCUPATIO during most of worki Hous ew	ing life, even if retired)	KIND OF BUSINESS OF MINESS OF THE SERVICE OF THE SE			vlane		ountry)		12. CITIZEN		TCOUNTR
13. FATHER'S NAME					4. MOTHER'S					0.0		
Louis K	imberley				Luc	inda	Port	er				
15 WAS DECEASED EVER			SOCIAL SECURITY NO	, INFO	RMANT				Address			
(10% 10% of otherswift)	The property of some of	mi vicin)		Mrs	Ruth	Sny	der,	Eckha	rt.	Md.		
18 CAUSE OF DEA	TH [Enter only one co	ouse per lir	ne for (o), (b), and (c).	1	1)2		,	^				BETWEEN
PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (c		Meir	45	Kle	01	10	_//			4	112
23/X	DUE TO		No.	/)	0	Ken	norr	Kag		(1-0
Conditions, if an		1	Cery	1a	e /	<i>y</i>						
gove rise to in couse (a), stating t lying couse lost.												
PART II OTH PART II OTH 200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY II	ER SIGNIFICANT CON	IDITION'S C	ONTRIBUTING TO DE	ATH BUT NO	OT RELATED TO	O THE TERM	NAL DISEAS	E CONDITIO	N GIVEN	IN PART 1(a)	19. WA PERI YES [FORMED?
	□ CAUSE OF DEATH	20b DESC	ERIBE HOW INJURY O	CCURRED. (Enter noture	of injury in	Post I or Por	t II of item 1	B.)			,
20c. TIME OF INJURY Hour o. m.	Month, Doy, Ye		JURY OCCURRED		OF INJURY			or town)		(Count	(y)	(\$to
Hour o.m.	19	While at work	Not while	100001	y, anoci, onic	o 0.0g., e.c	" i	A				
21. I certify the	at I attended the	decease	ed from Mai	116		7. to /	me	14 19	5 Tho	it I last se	aw the	deceas
alive an Fel	(2/	, 12,=	59, and that	death o	ccurred at	9301	M, fram					
. ,	8-00) /			/	ADDRESS (S	treet, city or	town, stat	e)		ATE SIGN
ACTUAL SIGNATURE	101/1	1	ne-	M.E	167	E. M	ain (St.,F	bg.	,Md.	NIO	NB
PHYSICIAN'S W.	0. McLa	ine,		м.	D. II	11		11 1	1	(l	19	59
220 BUR AL, CREMATION	V, 226. DATE THEREC)F	22c. NAME OF CEM	ETERY OR C	REMATORY		22d LOCA	TION (City, I	own, or co	ounty)	(5)	tote)
REMOVAL (Specify) Burial	3-17-5	9	Eckhart	Ceme	etery		Ec	khart	Mo	1.		
23. FUNERAL DIRECTOR'S			ADDRESS			24a. REC'	D BY REGIS	TRAR 24b.	REGISTRA	R'S SIGNA	TURE	
Joseph R	. Durst,	Fr	ostburg,	Md.		DATE	MAR 1.7	'59	a.	1. 7 8 9	Track of	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	ALTH-BALTIMORE, 18	OF	DEPARTMENT	STATE	MARYLAND
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2524 CERTIFICATE OF DEATH

		10.01	7 2		T							
	1. PLACE OF DEATH 0 COUNTY	Allegar	ıy	MARYLA	11 0		ence (Wh	ere deceased live and	b. COUNTY		efore odm si	ion)
	RURAL ond give n	If outside corporate limiteorest lown)	its, write c LE	NGTH OF STAY IN	11ь с			utside corporate	limits, write RUI	RAL and give	nearest town)
đ	d NAME OF HOSPI OR INSTITUTION	Allegany		,		STREET AL		Vale	Summit			FARM?
	3 NAME OF DECEASED (Type or print)	Crawi		Middle S•	Hob	litze	11	4. DATE OF DEATH	March	. 2		Yeor 19 59
	5 SEX Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	_ 0	TE OF BIRTH /22/1	874	8	ast hirthdays	FUNDER 1 YI Months Do		R 24 HRS Min
	10a USUAL OCCUPATION during most of wor Retired-C	king life, even if relired	13	or Business or	rk		tbur	or foreign countr	y)		S. A	
	W	filliam S.	. Hobli	tzell		Mar	gare	t P. S	hearer			
	IS WAS DECEASED EVE (Yes no or unknown)	ER IN U.S. ARMED FOI (III yes give wor or doles of	CCES? 16 SOCIA					x 599, nty In		Cumb y Rec		id,Md
			(ch)	(o), (b), and (o).)	my	ry	So.	leres el de	is Gleeer		NTERVAL BE	DEATH
	couse (o), stating lying couse lost.	the under-	1 6	erclos	al	a.	te:	rese.	Cero	212	3)
)	CATIC	HER SIGNIFICANT CON	nche	A (DEAT	L 2	RELATED TO	THE TERMI	NAL DISEASE CO	NDITION GIVEN	IN PART 1(c	PERFO	AUTOPSY PRMED? NO 🔽
	OR CONTRIBUTING	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	206 DESCRIBE	HOW INJURY OCC	URRED. (Enl	er noture of	injury in P	ort I or Port II o	Fitem 18.)			
	D 20c, TIME OF INJUS Hour o. m. p. m.	RY Month, Day, Ye		Not while	De. PLACE O factory,	F INJURY IH street, office	ome, form bldg , etc.	20f. (City or I	own)	{Coun	ity)	(Stote)
	21. I certify the alive an3/	21/59	deceased from 19		57 leath acco			PM, fram the ADDRESS (Street, ne St.	e couses an		date state	deceased ed abave. ATE SIGNED 3/59
	PHYSICIAN'S NAME (Type)	Dr. James		Lean	11-1		berl	and, M				
	Burial, CREMATIC Burial	3-24-59	1 -1-0	bg Memo				Frost	City, town, or	county)	(Stote	·
	23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS				BY REGISTRAR	24b REGISTI	RAR'S SIGNA		
	Joseph I	R. Durst,	Frost	tburg	Md.		DATE MA	R 2 6 '59	anti	w 8 18	als.A.	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

YES NO X

Year

19

PERFORMED? YES NO

(State)



	Sedela)	ATE OF DEATH Reg. D	
and the state of t	1. PLACE OF DEATH 0. COUNTY Allegany MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution Reside 6. COUNTY All	egany
(M)	b. CITY OR TOWN (If outside corporate limits, write RUSAL and are neget lown) CUMDEPLAND	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest lown)
1111	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Sacred Heart Hospital	A. STREET ADDRESS Hanekamp	e. IS RESIDENCE ON A FARM? YES NO V
	3. NAME OF First Middle DECEASED (Type or print) Edith	tosi 4. DATE Month Holder DEATH March	Day Yeor 31 19 50
	Female 6 COLOR OR RACE 7. MARRIED NEVER MARRIED Miles Never Married	11012 011	Days Hours Min
	10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of work no life, even if refired) Office Work	STRY 11 BIRTHPLACE (Stote or foreign country) 12 CS Lonaconing, Maryland	U.S.A.
	Albert Holder	Ann Bowden	
	(Yes, no, or polynown) . Ill was give wor or dates of service)	Mrs.Ella Braznelle Lonacon	ing, Md.
eigi w	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	"Sister" ma of the lune,	INTERVAL BETWEEN ONSET AND DEATH
any even	165X DUE TO alveolar Conditions, if ony, which)	type	6 mo
מוס וש ס	gove rise to immediate cause (o), stating the under-lying couse last.		
1	PART IS. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	PERFORMED?
		ED (Enter nature of injury in Port 1 or Port # of item 18)	
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. m. p. m 19 While Not while at work of work of work.	LACE OF INJURY (Home, farm, 20f. (City or town) (ctory, street, office bldg., etc.)	County) (State
	21. I certify that I attended the deceased from alive on 19 and that death	n occurred atM, from the causes and an t	last saw the decear he date stated abo
	ACTUAL SIGNATURE	MA	DAIE 3197
gistrar	PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. [22b DAJE THEREOF 122c NAME OF CEMETERY C		
in the	Buricin 4/3/59 Oak Hill C	emetery Lonaconing,	Md.
1	23 FUNERAL DIRECTOR'S SIGNATURE Corge Eichhorn Lonaconing, Mid	240. REC'D BY REGISTRAR 246 REGISTRAR'S SI DATE APR 6 '59 Cutling	S. Frank
7 [

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2534 CERTIFICATE OF DEATH

Reg. Dist. No. 2537

1. PLACE OF DEATH o. COUNTY			2 USUAL RES	IDENCE (Where decease		on Residence befo	ore admission)
	LEGANY	MARYLAND	U. 31AIL	MARYLAND	b. COUNTY	ALLEGA	NY
b. CITY OR TOWN (I RURAL and give no	f outside corporate limits, write	c. LENGTH OF STAY IN 15	c. CITY OR	TOWN (If outside corpo		URAL and give ne	arest town)
	BERLAND	21 DAYS	12.	CUMBERLAND			
d. NAME OF HOSPIT	AL (If not in hospital, give street MEMORIAL HOSPI	address)	d. STREET	ADDRESS			e. IS RESIDENCE
MEMORIAL	AND WARWICK AVE	NÜES	1	512 HILL	STREET		YES NO
3. NAME OF	First	Middle	te		Moni	th D	ay Year
(Type or print)	WILLIAM S	COTT MX	HOLLIN	GSWORTH DEATH	MARC		19 59
5 SEX	6. COLOR OR RACE 7. MARI		B DATE OF BIRT		9 AGE (In years		R IF UNDER 24 HKS
MALE	NEGRO WIDOW		JUNE P	,889 ^	Name of State	Months Days	Hours Min
100 USUAL OCCUPATIO	IN (Give kind of work done 10b		JSTRY 11 BIRTHP	LACE (State or foreign o	country)	12. CITIZEN	OF WHAT COUNTRY
Retired Be	I Hop W	indsor Hotel	MOORE	FIELD, W. VA.		U.S.	A •
13. FATHER'S NAME				S MAIDEN NAME			
WIL	LIAM HOLLINGSWO	ORTH .	BI	ERTHA WILLI	S		
15 WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16		INFORMANT		Addr	'ess	
no	2	20-16-2667	MEMORIAL	HOSPITAL	CUME	BERLAND,	MARYLAND
	TH [Enter only one couse per li	ne for (a), (b), and (c)]	^ 1	-0		INT	TERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	My rear deal	Illan	et con		ON	1=Z KLS
4' 1./	DUE TO		1				
Conditions, if o		AHerionel	euris				
gove rise to u	nmediate Dus 70	*					
lying couse lost,	(c)						
PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO	O THE TERMINAL DISEAS	E CONDITION GIV	EN IN PART 1(o)	19 WAS AUTOPSY
PART II. OTH	arteriose	lerate Jany	rem -	both lui	7.		PERFORMED? YES NO X
E 20- ACCORDING WA	S UNDERLYING 206. DES	CRIBE HOW INJURY OCCURR	ED (Enter noture	of injury in Part For Par	t II of item 18.)		
U (IF EITHER, NOTIFY	MEDICAL EXAMINER						
	Y Month, Day, Year 20d. II	NJURY OCCURRED 20e PI	LACE OF INJURY	(Home, form, 20f. (Cit	y or lown)	(County)) {Stote}
Hour o.m.	19 of wor	Not while	octory, street, offic	te bldg , etc } ;			
21 I cartify th	at I attended the deceas	ed from 2-16	105 }	, to 3-9	105%	that I lost a	and the deserve
alive an	3-9 19	59, and that death	n accurred at	10:00PM 600	n the course	and so the de	dw life decease
	per till ster er et ster till se til ster til s	}	occorred di		treet, city or town,		DATE SIGNE
ACTUAL SIGNATURE	Ci ellia R	James	.M D	445 H Can	1 -	,	3 10.59
PHYSICIAN'S				0 0	0 4		
NAME (Type)	William PI	aucs		Cesenter	land file	ad.	
220. BURIAL, CREMATIO	N, 22b. DATE THEREOF	22c NAME OF CEMETERY C			TION (City, lown, o		(Stote)
REARCH SET (Specify)	3/12/59	Woodlawn Bur	n. Park	Cumbe	erland, N	daryland	i
23 FUNERAL DIRECTOR"		ADDRESS		240 REC'D BY REGIS	TRAR 246 REGIS	TRAR'S SIGNATU	RE
John J. Haf	er, Cumberlan	d, Maryland		DATEMAR 1 3 '5	9 0	1 9 br	
Name and the same			_	The state of the s		- Time	



		MARYL	AND ST	ATE DEPAR	MENT OF	HEALTH	-BALTIM	ORE, 18		0220
		253	5	CERTIFI	CATE OF	DEATH		R	eg. Dist. No.	2538
o. COU	OF DEATH	Allegan	y	MARYLA	A STATE	Maryl:	ere deceased lived	f if institution b. COUNTY	Residence before	
RURA	umber.	and		LENGTH OF STAY IN	1b c. CITY O	r town (if or Cresa:	riside corporole li ptown	mils, write RURA	L and give near	est lown)
d. NAN OR II	INICTITE ITHONE	L (f not in hospitel, g			O POOR	ong Rt	. # 22	0	e	ON A FARM
3 NAME OF DECEAS	SED		tie	Middle W	Howe		4. DATE OF DEATH	March	1 10	Yeor 19 5 9
5. SEX Fem			WIDOWED [DIVORCED [6/6/	1876		Berthdoy) M	onths Doys	Hours Min
Reti	ired P	N (Give kind of work on the life, even if retired)		Paper B	-		nd, Mai		U. S	
13. FATHER	R'S NAME	Andrew	Topp	er	14. MOTHER	Hanna	h Waldı	ron		
IS WAS D	unknown) i [i	IN U. S. ARMED FORG	HANCE]	AL SECURITY NO09-3513	Allegar	-		Address	Cumber Recor	
d ove		mediote (DUE TO		Cerel	lere (any?	Hyper berie	oeler oeler	2 INTER ONSE	TAND DEATH
200. A		R SIGNIFICANT-SONI	DITIONS CONT	RIBUTING TO DEATH	slege	a)	NAL DISEASE CON		IN PART 1(o) 19	WAS AUTOPOPERFORMED? YES NO [
₹ 20c. TH	ME OF INJURY HOUR O, m. P. m	LI CAUSE OF DEATH	r 20d, INJUR White		PLACE OF INJURY factory, street, off	f Home, form,	20f. (City or to		(County)	(Sto
1	оп3	of I oftended the	-, 19 - 7	The p	eath accurred a	12:50 Green	PM, from the DDRESS (Street, o	tily or town, slat	on the date	w the decede stated about 10/50
NAME	(Type)		E. M				nd, Mai			
BURIA BURIA	CREMATION	3/12/59		Rose Hi	ry or crematory 11 Cemet		Cumb	City, town, or co		(Stote) Land
	al director's		Cumb	erland.		24g REC'D	BY REGISTRAR	24b REGISTRA	AR'S SIGNATURE	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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(Stote)



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ARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 1	8
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	253	5	CERTIF	ICA	TE OF DE	EATH	1			Reg. [Dist. No		
1. PLACE OF DEATH o COUNTY	Allegany		MARYL		2 USUAL RESIDER 0. STATE Ma?	NCE (WH	_		f institution		ence befo		sian)
b CITY OR TOWN (RURAL and give n	If autside corporate lim	its, write	c. LENGTH OF STAY IN	ч 1ь	c CITY OR TO	-		orate limit	, write Ri			-	n)
	perland		3/10/	59			Gap						
OR INSTITUTION	TAL (If not in hospito),		address)		STREET ADD	DRESS						ON /	SIDENCE A FARM?
3. NAME OF		tal francis	Middle		Lost		4. DATE		Mon	4			
(Type or print)		ella	Α.		Irons		OF DEATH	н	Mar		12	. —	Year 19 59
S. SEX			HED NEVER MARRIED	B.	DATE OF BIRTH		·	P. AGE	In years	IF UNDE		*	ER 24 HRS
Female	White	WIDOWI			May 11.	. 189	97	61	rthday) yrs.	Months	Doys	Hours	Min.
100. USUAL OCCUPATION		done 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLAC	E (State	or foreign	country)		12 C	ITIZEN (OF WHAT	COUNTR
Housewil	_ *	7			Mary	rland	3	Balt	imor	e	U.S	.A.	
13. FATHER'S NAME					14. MOTHER'S M								
R _f	order Eriso	ויוי					?						
15. WAS DECEASED EVE		CES? 16.	SOCIAL SECURITY NO	17, INF	ORMANT				Addr	ess			
no	in yes, give may or come or	ier ilee)	none		Hush	pand	Earl	Iron	s. S	orin	gGap	Md.	
18. CAUSE OF DEA	ATH [Enter only one co	ouse per li	ne for (a), (b), and (c).]								INT	ERVAL 81	ETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	ol	There	-2-2-	2-1-						ON	SET AND	DEATH
~ · · · · · · · ·	DUE TO			. 4		^					-		
Canditions, if a	ny, which }	. 92	njecara	lite	5° 6 N	ه (ا	con	e de	-11-21	elec	-	2-	412
gave rise to i)						0					
lying cause last.	le dide-	:)	Cirter	co	selvo	سير	>				1	54	r-
PART II OTI	HER SIGNIFICANT CON	IDITIONS O	CONTRIBUTING TO DEAT	H SUT N	OT RELATED TO TH	HETERMII	NAL DISEA	SE CONDIT	ION GIV	EN IN PA	RT 1(o)	PERFO	AUTOPSY OPMED?
U (IF EITHER, NOTIFY	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	206 DES	CRIBE HOW INJURY OCC	URRED.	(Enter nature of in	njury in P	orl I or Pa	rt II of iten	n 18.)				
ZOC. TIME OF INJUR	Y Month, Day, Ye 19	While	NJURY OCCURRED 20 Not while t of work	0e. PLAC facto	E OF INJURY (Harry, street, affice b	me, form, ldg., etc.	20f (Cir	ly or lawn]			(County)		(Stote)
21. I certify th	at I attended the		ed from Jun										
olive an Lot	Mar, 57	_, 12 5	ond that d	leath c	occurred at						The do	te state	ed abov
ACTUAL SIGNATURE	alwy	20	Junity	M	236	Va-	Leer	Street, city	or town,	siale)		3/	ATE SIGNE
PHYSICIAN'S NAME (Type)	Clay E. D	urre			236 V:		nia A	Avenu	e,	umb	erla	nd,	Md.
270. BURIAL, CREMATIC PHANTILL Pecify))F	22: NAME OF CEMET Davis Mem.	Piet	rematory h. Ceme	tery	22d. LOCA	TION (City Legan	y Co	unt	y, I.	ary	land
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		24	la, REC'E	BY REGIS	TRAR 2	ib. REGIS	TRAR'S S	IGNATU	RE	
John J. Ha	afer, Cumb	erlar	nd, Marylan	ıd	D	AFEAR	1 9 '59	9	Civin	w 8.	Frank	1	



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MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE, 1	8
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2581 CERTIFICATE OF DEATH	204	CERTIFICATE	OF DEATH
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Reg. Dist. No. 2541

ī	PLACE OF DEATH			MARY	LAND	2 USUAL RESI	DPNCE (Wh	ere deceased	lived. If institute b. COUNTY	on Residence	e before odr	niss on)
-	Allo	cany					rylan				gany	
	RURAL and give	(# aulside corporate limi	ils, wrile	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If o	utside corpor	ote limits, write R	URAL and g	ve negrest to	own)
L		tburg		16 week	S	Fre	ostbu	irg				
	d NAME OF HOSE OR INSTITUTION	P TAL (If not in hospital, o	give street	address)		d. STREET A	DDRESS					RESIDENCE
L	Mine	ris Hospi	tal			30	2 Wel	sh H	111			NO D
3	NAME OF	Fir		Middle		los		4. DATE	Mor	th	Day	Yeor
	(Type or print)	William		Α.		Kea	77	OF DEATH	3		14	19 59
5.	SEX	16. COLOR OR RACE	7. MARE	RIED NEVER MARRIE	0 🗖	B. DATE OF BIRTI		1	P AGE (In years			NDER 24 HRS
	35 3	787	WIDOWI		_	, ,			last birthday)		Doys How	
10	Male	IION (Give kind of work	1	- total	_			a fassion on	78 yrs	122 (171)	7551 05 1491	IAT COUNTRY
	during most of w	arkina lite, even it retired	3									
	FATHER'S NAME	ail Carrie	I, D.	S. Posto	III			~ ~	•	U	S.A.	
13	_	_				14 MOTHER'S						
L	George 1					Cinde	rell	a Fer				
15	. WAS DECEASEDE	VER IN U. S ARMED FOR I (If yes, give wor or dotes of t	CES? 16.	SOCIAL SECURITY NO	17 H	NFORMANT			Add	en FTO	stbur	g, Md.
	No	None		None	M	rs. WM.	A.	Kear.	302 We:	lsh H	ill.	
	18 CAUSE OF D	EATH [Enter only one co	ouse per Ju	me for (o), (b), and (c).]			1!	, /			BETWEEN
	PART I D	EATH WAS CAUSED BY:	. (Artinh	771	11 111	1100	de .	· Costa	-	ONSET AN	ND DEATH
	153.0	IMMEDIATE CAUSE (o		00000		a. Inv	JUNIO.	ary co			-3	11-0
	Conditions, if	any, which) (b	3									
П	gove rise to	immediate (1	
	lying cause los	g the Under-										
Z		THER SIGNIFICANT CON		ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	FN IN PART	160 19 W	ALITOPSY
ATIC		mi	1911	udial	22	will	1011	2-11	/_	PIA HA I WEI	PER	FORMED
FFC	200 ACCIDENT V	WAS UNDERLYING EN	20h DES	CRIBE HOW INJURY OF	COURDE	15-16-1-1	Cialian Ia D	and an Bank	10-4 : 101		4F2	□ NO/□
L CERTIFICATION	OR CONTRIBUTION	VAS UNDERLYING DEATH IS CAUSE OF DEATH IS MEDICAL EXAMINER)	200. 503	CUIDE LIOTA INSOKA OF	CCORRE	J. (Enger Holore G	r injury in r	an i or ran	ji oi item to.)			
MEDICAL		JRY Month, Day, Ye	4		20e. PL	ACE OF INJURY (Home, form,	20f. (City	or town)	(Co	ounty)	(State)
MED W	Hour o, m	16	White at war	Not while	100	tary, street, office	r bing., etc.,	1				
		that I attended the			12	10 4 8	al W	1151	111 125	/		
П	alian as //	AA / LL	deceds						19.2			
	alive on Z.Z.		182.	and that	death	occurred at					e date sta	
	ACTUAL	1149m	1 5	0			2	ADDRESS ISM	eef, city or town,	stote)	M - 1	DATE SIGNED
	SIGNATURE	10 (1/11	- f-	In		M.D		0211		A	Jav/	4
	PHYSICIAN'S NAME (Type)	Won	10x	ane	M	0	~	7719	//	, .	195	9
22	BURIAL CREMAT)F	22c. NAME OF CEME	TERY O	R CREMATORY		22d. LOCATI	ON (City, fown, i	or county)	/15	tote)
	Burial	" 3-17-59	}	Frostbur	g M	emorial					110	Md.
23	FUNERAL DIRECTO			uneral H			240 REC'E	BY REGISTR	AR 24b REGI	STRAR'S SIGI	NATURE	
6	2. 1 1/2	* TEC17		lain.Fros		no Ma	B.B.B.T	R 1 9 '59	an	Thun 8.	1 -	
04	LANDON AT A	THE THE PARTY OF T	ال والله	TOTTI TITUD	UVU.	a Divida	DATE		1			



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2537 CERTIFICATE OF DEATH

02542

Reg. Dist. No

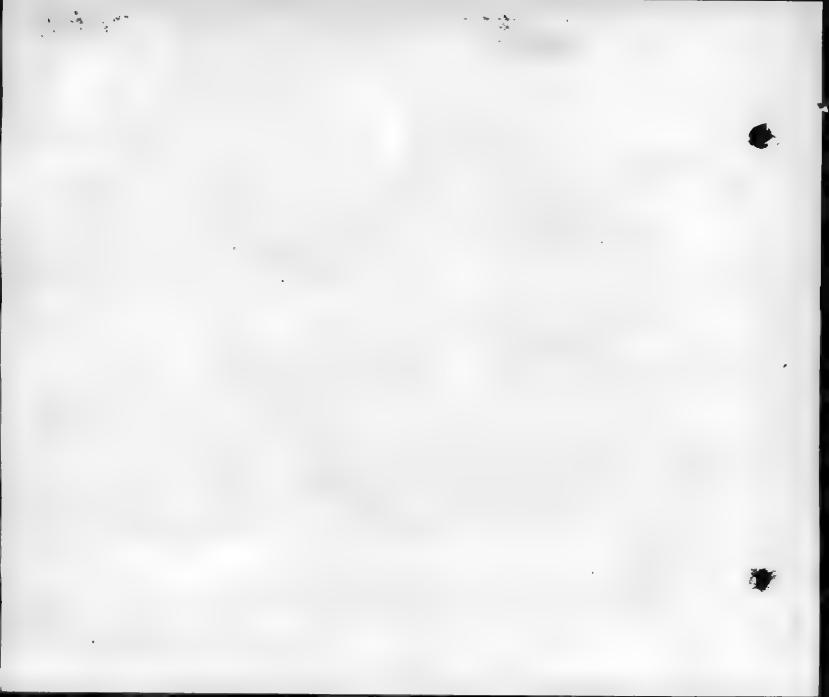
									
1.	PLACE OF DEATH COUNTY Allegan	V.	MARYLAN	2 USUAL RES Q STATE MCI.	winche	ere deceased lived	If institution COUNTY	Residence before Alleg	
	b. CITY OR TOWN (If outside corporate RURAL and give nearest town)	The state of the s	c. LENGTH OF STAY IN 1			utside corporate lir		L and give ne	arest town)
-1	Cumberland		2 mos.	X c	umber]	Land			
_	d NAME OF HOSPITAL (If not in hospital OR INSTITUTION	al, give street		d. STREET	ADDRESS				e IS RESIDENCE ON A FARM?
4	Sacred Heart	Hospit	tal	Rt	. 5. V	Vincheste	r Rd.		YES NO TO
3.	NAME OF DECEASED	First	Middle	Lo	est	4. DATE OF	Month		y Yeor
		arry	William	Kelly		DEATH	Marc		-5919
5.	SEX 6 COLOR OR RA	CE 7 MARP	RIED NEVER MARRIED			9 AG	4 3 4 5	under 1 YEA!	Hours Min
L	Male White	WIDOWI	ETY DIVORCED	April 1	3, 18	80 78	yrs	DOYS	110617 WILL
10	Oo. USUAL OCCUPATION (Give kind of widdling most of working life, even if ret	ork done 10b.	KIND OF BUSINESS OR IN					12 CITIZEN	OF WHAT COUNTRY
	Retired Janitor		pt. Houses	PA.	Some	rset Cow	nty	U.S.	A.
	L FATHER'S NAME			14. MOTHER	S MAIDEN N	AME			
	Henry	Kellv			Anna	Emeric	k		
15	, WAS DECEASED EVER IN U. S ARMED	FORCES? 16	SOCIAL SECURITY NO. 12	INFORMANT			Address		
-['	(if yes, give wor or date		20-10-7987	irs. Albei	rta Le	ase, Rt;	# 5 Win	nchest	er Rd.
	18 CAUSE OF DEATH [Enter only on	e couse per lu	ne for (o), (b), and (c).]		,				ERVAL BETWEEN
	PART I. DEATH WAS CAUSED I	8Y:	Davalle To	1 3hol	re			ON	SET AND DEATH
	7 70 1 14	E TO	1000000					1	
	Conditions, if ony, which)		1011 hand	arter	21111	2- 5			2 m.
	gove rise to immediate Dus TO								
	tying couse lost	(c)	merila	la vitro	mli	win			7 Mass
2			CONTRIBUTING TO DEATH				DITION GIVEN	IN PART I(o)	19 WAS AUTOPSY
) Jaran									PERFORMED? YES NO
MOITADIBUTABL	200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINA	ATH	CRIBE HOW INJURY OCCU	RRED. (Enler nature	of injury in f	ort I or Part II of	ilem 18)		
4	20c. TIME OF INJURY Month, Doy,	Year 20d, II	NJURY OCCURRED 20e	PLACE OF INJURY	(Home, form	20f (City or to	vn)	(County	(Stole)
14010374	Hour o. m. p. m.	19 While of wor	k Ot while	foctory, street, offic	ce bidg , etc.)		,	
	21. I certify that I attended	the deceas	ed from 4-	2 , 19.5	දී; ta	3-27-	19 55/11	hat I last s	aw the deceased
	alive on 3 - 2 2	. 19	5, and that de	ath occurred at					ate stated above
	//					ADDRESS (Street, c			DATE SIGNED
	ACTUAL SIGNATURE MAIN	in		M.D	576	uem III			
	PHYSICIAN'S LEW'S	3 R/1	NG-S M.	2	Cec	mbul	Les sud-	Hild	
2	20. BURIAL, CREMATION, 22b. DATE THI REMOVAL (Specify) Mar. 25		22c NAME OF CEMETER Lybarger Ce			Madley,		ounty)	(Stote)
2	3. FUNERAL DIRECTOR'S SIGNATURE	-	ADDRESS		240. REC'I	BY REGISTRAR	24b. REGISTRA	AR'S SIGNATU	JRE
	Charles L. George,	Cumb	perland, Md.		DATE M	AR 2 6 '59	art	hun 8. 16	au 4



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea, Dist. No. HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) PLACE OF DEATH e. COUNTY 6 COUNTY MARYLAND Maryland Hes. Allegany b. CITY OR TOWN (" outside to pe c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) and a ve nearest lown) 5 Cumberland Cumberland d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM YES NOST Frederick Street 105 Frederick Street 4. DATE 3 NAME OF First Lost Year DECEASED (Type or print) Lieroy DEATH 19 59 Emerson Kimes Marcen 6 COLOR OR RACE 7. MARRIED NEVER MARRIEDY 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS 9. AGE Un years lost b ribdoy) Months Hours Doys WIDOWED [DIVORCED [Male White SI 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if refired) 12 CITIZEN OF WHAT COUNTRY? age Retired Druggist Druggist Keyser W.Va. om ofte Poges 1 P.M3. 13. FATHER'S NAME M. MOTHER'S MAIDEN NAME poges William Kimes 24 hours Sive Po form P 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address , I yes, give wor or dates of service) Dies on ar unknown) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Sudden IMMEDIATE CAUSE (a) 420.1 **DUE TO** Office Conditions, if any, which gave fise to immediate couse DUE TO (a), stating the underlying course tost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART HOLDS. WAS AUTOPSY PERFORMED? NO D 20d. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING THE 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port t or Port II of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or fown) (County) (State) factory, street, office bldg., etc.) Hour o. m. White Not while fing the at work of work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry . and in my o ded opinion death resulted from. Natural couses . Accident , Suicide , Homicide , Undetermined manner DATE SIGNED M.D. CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER [T **EXAMINER'S** SKITARELIC, MD DEPUTY MEDICAL EXAMINER D NAME (Type) 220. BURIAL CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) TREMOVAL (Spepily) 0 Rose Hill Cumperland and Mary Land Cemetery ADDRESS 24a, REC'D BY REGISTRAR MAR 2 0 '59 VS A15ME arthur & House

BM 2 '57

DATE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 1. PLACE OF DEATH o. COUNTY o STATE A Garry MARYLAND A STANAS A b. CITY OR TOWN [If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and pive negres! lown) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION ... NAME OF Middle 4. DATE DECEASED Risho PE KIRBY (Type or print) DEATH 6. COLOR OR RACE 7 MARRIED THEY MARRIED S. SEX B DATE OF BIRTH MATE With the same DIVORCED | WIDOWED | DEC. 29 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) SCHOOL TRACHER MARYIAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DECEGE A. KIRBY ANNA Z. LE'IS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT ottending p ves PATIENTS CHART 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which (b) gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED Hour o.m. factory, street, office bldg., etc.] Not while While p. m. of work of work 21. I certify that I attended the deceased from M, from the causes and an the date stated above , and that death accurred at CTOR: det ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FUNER/ 3 220. BURIAL CREMATION, REMOVAL (Specify) 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) page Cook Cemeterv Wellersburg, Pa. Rurial 3-14-59 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR

James F. Scarpelli, Cumberland, Md.

VS A1S [4]

15M 10/SZ

DATE SIGNED

(State)

24b. REGISTRAR'S SIGNATURE

arthur & Kenya

Rea. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admiss on **b** COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town). Wattmbapapa IS RES DENCE ON A FARM? YES NO K Month Year LARJH 10. 19 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthday) Doys Months Hours 12. CITIZEN OF WHAT COUNTRY Address INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO T (County) (Stote) 2_1/2 that I last saw the deceased



in decessory, please of director. Page of for your files

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02545

0510	Reg. Dist. No.
1. PLACE OF DEATH &350	2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)
allegany MARYLAND	o STATE Maryland b COUNTY Allegany
b. CITY OR TOWN (if outside corporate timits, write PUPAL and give negrets town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If oulside corporate limits, write RURAE and give nearest town)
Cumberland,	Cumberland.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS . IS RES DENCE
Allegany County Infirmary	3 Decatur St.,
3. NAME OF DECEASED (Type or print) WILLIAM EVERT KNIF	PPENBERG DEATH March 19 59
5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	B. DATE OF BIRTH P AGE 110 years IF UNDER TYEAR IF UNDER 24 HRS
Male White WIDOWED DIVORCED	April 1, 1876 82 yrs. Months Doys Hours Min
10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUS during most of working life, even if retired)	
Retired Maintainance Kelly Tire Co	. Cumberland, Md. U.S.A.
13. FATHER'S NAME IN A II	14. MOTHER'S MAIDEN NAME
Henry Knippenberg	Luetetia Logsdon
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 [You no, or uninden] [III yes, give wer or doles of service) 217-10-1506 4r	S.Percival Twigg 1001 Church St.,
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] A	INTERVAE BETWEEN ONSET A JO DEA H
MART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Corobellar N	
332 X DUE 10	
Conditions, if ony, which) (b) Cerebral Art	eriosclerosis. Marked Years
gove rise to immediate cause (o), stating the underlying DUE TO	
couse tost. (c)	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?
Fractured Ribs	YES 📜 NO 🗌
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Fractured Ribs 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED INJURY OCCURRED INJURY OF CONTRIBUTING TO DEATH BUT 20b. DESCRIBE HOW INJURY OCCURRED INJURY OF CONTRIBUTING TO DEATH BUT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT FROM THE PROPERTY OF	Enter nature of injury in Part I at Part II of Item 18.)
	y Home, Cumberland, Md.
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PL	ACE OF INJURY (Home, Form, 20f. (City or town) (County) (Stote)
5 P. Mm March 11959 of work of work CO	unty home Cumberland, Alleg. Md.
21. I certify that I took charge of the remains described abo	ove, held an Autopsy (A), Inspection (A), Inquiry (A), and in my
opinion death resulted from. Natural causes K., Accident	
SIGNATURE Benedict Skitarelia	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
EXAMINER'S	ASSISTANT MEDICAL EXAMINER
NAME (Type) Benedict Skitarelic, M.D	DEPUTY MEDICAL EXAMINER March 4, 1959
220 BLR AL CREMATION, 22b DATE THEREOF 122c NAME OF CEMETERY OF	CREMATORY 22d LOCATION (City, town, or county) (Stole)
Burial 3/7/59 Greenmount	
Charles L. George Cumberland, M	240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
ondites -, deorge umberland, m	MAR 9 '59 arthur S. Kraus

4 should be 10 FUNERA 0 VS A15ME 5M 2'57

12

DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nixed the certificate, writing the word "pending" in pencit in Item, 18. Give Pages 1, 2, and 3 to the funeral istabuld be Forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by FUNERAL RECTOR; Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State of its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

I



may be retained by the hospital ar attending physician.

TO FUNERAL DESCIOR: After this certificate has been signed by the attending physician and caraptelay filled in by the funeral director, page 3 show detached far use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 10 and be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

IN HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. Bage

VS A15 (4) 15M 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

	2541				Reg. Dist. No.
1. PLACE OF DEATH a COUNTY ALLEGAN	Y	MARYLAND	2. USUAL RESIDENCE (WI O. STATE MARYLAND	here deceased lived. If institution b. COUNTY ALLEG	on. Residence befare admission)
b CITY OR TOWN (If outsite RURAL and give negres)	de corporate limits, write	c. LENGTH OF STAY IN 16	ll ,	outside corporate limits, write R	URAL and give nearest lown)
CUMBERLAN		9 DAYS		RLAND,	
d. NAME OF HOSPITAL (IF OR INSTITUTION MEMORIAL HOSPIT	not in hospital, give street	address) AVE •	d. STREET ADDRESS	EGANY ST.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	r, HAZEL	Middle ALCINDI	A LEMON	4. DATE Mon OF DEATH MA	RCH 20 19 5
5 SEX 6. Co		HED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years lost birthday)	Months Days Haurs Min
	HITE WIDOW		11/14/ 190		
10a USUAL OCCUPATION (Graduing most of working lift Clerk	e, even if retired)	nfectionary			12. CITIZEN OF WHAT COUNTRY
13 FATHER'S NAME	100		14 MOTHER'S MAIDEN I		
JOHN ELSEY			MAXIE FO	RMAN	
15 WAS DECEASED EVER IN U	give wor or dates of service)		INFORMANT IEMORIAL HOSPI	TAL. CUMBERLAN	
	Enter only one cause per lir		The state of the s	7 31 32 31	INTERVAL BETWEEN
PART I. DEATH W	AS CAUSED BY: EDIATE CAUSE (a)	ADENOCARCIN	IOMA OF LEFT	BREAST	ONSET AND DEATH
1/0X	DUE TO				
Conditions, if any, w					
gave rise to immed cause (a), stating the <u>un</u>					
lying couse last.) (c)				
PART II OTHER SIG	GNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BL	T NOT RELATED TO THE TERM	inal disease condition giv	/EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO X
PART IN OTHER SIGNATURE 200. ACCIDENT WAS UNIT OR CONTRIBUTING CA	DERLYING (1) 206 DESC RUSE OF DEATH (AL EXAMINER)	CRIBE HOW INJURY OCCURR	ED (Enter nature of injury in	Part 1 or Port II of item 18.)	
20c TIME OF INJURY Mo	While	NJURY OCCURRED 20e. P Not while k at work	LACE OF INJURY (Home, farm actory, street, affice bldg., etc	. 20f (City or town)	(County) (State)
21. I certify that I a	attended the decease	ed from 11 - 2	T . 19 58. to 3	-27 19 50	2,that I last saw the deceased
alive on 3 - 2	19.5	9 and that deat	h accurred at 9:20Å	M.M. from the causes o	and an the date stated above
2				ADDRESS (Street, city or town,	
SIGNATURE FLE	2 10. Bacca	, ,	MD 62 Gr	eene St.	3-22-59
PHYSICIAN'S Ral	ph W. Ball	in, M.D.	Cumbe	rland, Md.	
220 BURIAL CREMATION, 22 REMOVAL (Specify)		22c. NAME OF CEMETERY		22d. LOCATION (City, town, o	or county) (State)
Burial M		Sunset Mem		Cumberland,	
23. FUNERAL DIRECTOR'S SIGN		ADDRESS			STRAR'S SIGNATURE
Luaries i	George C	umberland	M C DAYE	MAR 2 6 '59	7 71 - 0 20





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2543 CERTIFICATE OF DEATH

n2549

		404	4	CERTI	FICA	IIE C	T DEAT	П		Reg. Dis	t. No.	
1,	PLACE OF DEATH	LLEGANY		MARYI	LAND	2. US UA o ST.	ATE MARYL		b COUNT	w .	e before GANY	
	b. CITY OR TOWN RURAL and give	(If outside corporate limit nearest town)	s, write	c. LENGTH OF STAY	IN 16	c. Cl	Y OR TOWN (IF	outside coi	rporate limits, write	RURAL and g	ive negre:	st lown)
		UMBERLAND		15 MINS.		4 -	CUMBE	RLAND)		,	
L	OR INSTITUTION	ITAL (If not in haspital, g MEMORIAL HOS AND MEM O RIAL	PITA	L NUES		d 51	REET ADDRESS	EYNOL	DS STREET	Г		ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	Fire	1	Middle GIRL	Car-Leader	M	Lost ATHEWS	4. DATE	4 4 4 100 400 4	onth 1	Day 15	Yeor 19 59
-	SEX	BABY [6. COLOR OR RACE	7	RIED NEVER MARRIE	~ Yn	B DATE C		DEA	9. AGE (In years	·	d	UNDER 24 HRS
	FEMALE	WHITE	WIDOW		~45.1			1959	lost birthdoy)	Months		Hours Mp
100	. USUAL OCCUPAT	ION (Give kind of work orking life, even if retired)	ane 10b.	KIND OF BUSINESS OF	RINDUS	TRY 11.				1 .		WHAT COUNTRY
							CUMBERL		MD.		J.S.A	
13.	FATHER'S NAME					14. MO	THER'S MAIDEN					
		CHARLES D			1.0		RUTH	LAVER				
15 Y ₁	s. no. or unknown)	ER IN U. S. ARMED FOR	.ES7 16, rvice)	SOCIAL SECURITY NO		IFORMAN				dress	MO	
						OKIA	L HOSPIT	AL	CUMBER	RLAND,	MO.	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO											
	Conditions, if any, which gove rise to immediate couse (a), stating the <u>under-lying cause last.</u> (b) DUE TO											
CERTIFICATION	PART II. OT	THER SIGNIFICANT CON	PITIONS (CONTRIBUTING TO DEA	TH BUT	NOT RELA	TED TO THE TERM	AINAL DISE	ASE CONDITION G	IVEN IN PART		WAS AUTOPSY PERFORMED? (ES // NO
	OR CONTRIBUTING	AS UNDERLYING GG CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY O	COURRED	Enter n	ature of injury in	Part 1 ar F	Port II of item 18)			
MEDICAL	20c TIME OF INJU Hour a.m.	RY Manth, Day, Yea	7 20d. It While of wor	Not while	20e. PLA fac	CE OF IN	JURY (Home, fari), affice bldg., et	m, 20f. (C	lity or town)	(C	ounty)	(State)
		hat Lattended the			Ma	red 1	57. to	_	. 19	that I li	nst saw	the december
	alive on	5 March	19-		death			PM, fr	am the causes (Street, city or town	and on th		
	SIGNATURE	elanx.	M	zugom	A	A.D	t was also also the the the the the the the the the					
	PHYSICIAN'S NAME (Type)	or. heland	KAY	nsom		6	Greene	<u> St</u>	- Cum	berla	nd_	Md.
(1	REMOVAL (Specify REMOVAL (Specify REMOTED II)		-9	Me movial	- 1	CREMAT	I	(0	m berlar	or county)	ary	(State)
23	RUNERAL DIRECTOR	R'S SIGNATURE	P.	ADDRESS MEMORIA	41	Aven	24g REC	TO BY REG	- C-0	SISTRAR'S SIG		
	pu,	(malike		Cumper	Lan	7	DI TONIO		1 0	wwy X j	Seattle.	



2583

CERTIFICATE OF DEATH

•			0254	9
Reg.	Dist.	No.		

	LACE OF DEATH						SUAL RESIDENCE (WI	here decease			e before admis	sion)	
1 °	4 Eh ET	egany		MAR	YLAND	o. STATE Maryland b. COUNTY Allegany							
b	CITY OR TOWN (IF	outside corporate limi	ls, write	c. LENGTH OF STAT	IN 16	1	. CITY OR TOWN (If	outside corpo	rote limits, write R	URAL and g	ive nearest low	n)	
n	ur 1 Cum	berland		83 year	rs	2	Cumb	berla	nd				
	I. NAME OF HOSPITA	L (If not in hospital, g	ive street	address)			d. STREET ADDRESS					SIDENCE	
	OR INSTITUTION V. 11eV	Road					Valley Loca YES AND						
3. 1	NAME OF	Fig	af	Middle			Lost	4. DATE	Moi	nth .	Day	Year	
0	DECEASED	AUGULTIM		**T *	,	لأباذ	FICH	OF DEATH		~ 7	1959		
5. S		The state of the s		RIED NEVER MARR			TE OF BIRTH		9. AGE (In years last birthday)	IF UNDER	YEAR IF UND		
	16.10	Vaite	WIDOW	ED DIVORC		Ju	ly 13,18	72	last birthday)	Months	Days Hours	Min.	
	USUAL OCCUPATION		done 10b.	KIND OF BUSINESS	OR INDU	STRY	11. BIRTHPLACE (Stote		ountry)	12 CITI	ZEN OF WHA	COUNTRY?	
	Former	ng me, eren n temed	'	Farmin	er.		Flintsto	one.d	arvland		LJA		
13.	FATHER'S NAME					14	MOTHER'S MAIDEN						
	John M	cElfish					Tsche	elle	Duncan				
15.	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO	D. 17, I	NFOR	MANT			resiley	BO: C		
Yes,	, no, or unknown) (I	f yes, give wor or dates of s	6LaiCB]	None	. 7	3 (2)	clissa	1 057			in a	-	
H		TH. (Enter only one co	usa per 1	ine for (a), (b), and (c)		J 9	in CLIPPC:	<u> </u>		into C 2 -	INTERVAL B		
	PART I. DEAT	H WAS CAUSED BY:			rg						ONSET AND DEATH		
П		IMMEDIATE CAUSE (d		Meania	• • •						2 Coks		
	4	DUE TO		a	1.		~ ~ ~	7 4					
H	Conditions, if on gove rise to im	mediate		Course	4-16-4		Weart ?	Cac/h			1/2	Janger	
	catte (a), stating th	he under DUE TO		A 4		/	1. 1/	A			7		
	lying cause last.) (0	·	A F Perci	3 5 (W.L	RELATED TO THE TERM	-5 0	1/404	45	2444 20 4445	AUTOBEN	
	PART II. OTH	ER SIGNIFICANT CON	C C	CONTRIBUTING TO DE	AIN BUI	NOI	MELATED TO THE TERM	INAL DISEAS	E CONDITION GI	YEN IN PAKI	PERF	DRMED?	
2	DO. ACCIDENT	(dr.	thea (42	4	cident -		milluga	-	YES	NO	
CERTIFICATION	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DE:	CRIBE HOW INJURY (JÇÇURKE	D. (En	ler nature of injury in	Fort I or Far	f II of item 185				
WEDICAL		Month, Day, Ye		NJURY OCCURRED			OF INJURY (Home, form street, office bldg., etc		or town)	(C	ounty)	(State)	
18	Hour a.m. p.m.	19	While of wo	Not while	'"	civiy,	sites, office diag., we	"' [
		at Lottended the	decen	red from - 1 pu			, 19 <u>Σ</u> , ta	Mine	*/ 1057	that I I	net east tha	deceased	
	alive anA	a made					curred at 11 00%						
Н	dilae qui	fl	17	and ma	i dedin	dec			n me causes (Ireel, city or lown,			ea abave. Ate signed	
ш	ACTUAL	0. 300	v	1				· ·		650	P1.	2 - 179	
П	SIGNATURE	CU Alle		and consist		M.D.		uc	Lucitare.		7.7	-9-22-6-	
	PHYSICIAN'S NAME (Type)	william	R	Tames			C	um by	-land		und		
22a.	BURIAL CREMATION	4, 22b. DATE THEREC		22c. NAME OF CEN	AETERY O	R CRE	MATORY	22d. LOCA	TION (City, town,	or county)	(Sto	le)	
	Euclus	14/3/19	59	Summet:	" Cm(ri	al Park	Cu	aberlar	1a	4. 0		
23.	FUNERAL DIRECTOR'S		/71	ADDRESS		1	24a. REC	D BY REGIS	A	STRAR'S SIG			
	Flion	IVT JAT	Ct	mbenterig	9 16	le.	DATE	APR 6	29	Tribun &	. Threes		

may be retained by the haspital or attending physician.

TO FUNERAL PROFECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 sh

e detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 any ould be filed-with the registr to be to burial, cremation, or remaval, and in any event within 77 theurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

131

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VS A15 (4) 15M 9/SS



02550 Reg. Dist. No.

2544

1. PLACE o CO			MARY	LAND	2 USUAL RESIDENCE (Where decease		egan		e admiss	ion)
b CIT	Allegany Y OR TOWN (If outside corporate	limits, write	c. LENGTH OF STAY	IN 1h	c. CITY OR TOWN (If outside corp				rest lown	n)
RUR	At ond give neorest town) berland			.,,,,	Cumber lan		~	OKAL DIG S	give neu	1681 10411	"
	ME OF HOSP TAL (If not in hospit	ol. nive street	Oddress)		d. STREET ADDRESS		ed.				IDELIC:
OR	INSTITUTION		0001433)			1	ř		1		FARM?
	'Ider Street				226 Eld	er St				YES 🗌	NO 🗆
J. NAME DECEA (Type		First . ilt	Middle Con		llis	4. DATE OF DEATH	Warch	nth I	3		1,59
5. SEX	6. COLOR OR RA	CE 7. MAR	RIED NEVER MARRIE	ED 🔲			9 AGE (In years		1 YEAR	IF UNDE	ER 24 HRS
Mal	le Wnite	WIDOW	ED DIVORCE	D 🗆	July 24,	I867	gast birthdoy)	Months	Days	Hours	Min
10a USU. durin Ret:	AL OCCUPATION (Give kind of wing most of working life, even if red 非古代#扩La	ork done 106. bor R	KIND OF BUSINESS O	R INDU	Peoria, I	ote or foreign o	country)	US US		F WHAT	COUNTR
13. FATHE	R'S NAME				14 MOTHER'S MAIDEN	N NAME					
Jol	hn Nealis				Diana Mo	Bride					
15. WAS	DECEASED EVER IN U. S. ARMED		SOCIAL SECURITY NO	17 ff	NFORMANT		Ado	Iress			
No	(If yes, give war or date		None		rry Nealis	204	Flder S	t Cur	nber	rlan	nd
gov	e rise to immediate	iE (0)	ercinoma of		Pancreas Heart Dise	250				3 mc	
	g couse lost.		odominal Ca	rcir	nomatosis					2 mo) .
Z -	PART II. OTHER SIGNIFICANT		CONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO THE TER	RMINAL DISEAS	E CONDITION GI	/EN IN PART	16) 19		
CATK	Advanced	age								PERFO	RMED?
	ACCIDENT WAS UNDERLYING [] ONTRIBUTING [] CAUSE OF DEA THER, NOTIFY MEDICAL EXAMIN	(TH ER)	CRIBE HOW INJURY OF). (Enter noture of injury i	in Part I or Pa	rt II of item 1B)				
MEDI	р м,	19 While of wor	NJURY OCCURRED Not while of work	20e. PL/ foc	CE OF INJURY (Home, for tory, street, office bldg., o	etc.)			ounty)		(Slote)
21. alive	certify that I attended on March 13,	7/a	eenan m	Seath	accurred at 5.11	OA M, frai ADDRESS (S	m the causes of treet, city or town,	and on th	ast so ne dat 3/1	e state	decease ed abov ATE SIGNE
	AL CREMATION, 226 DATE THE		22c NAME OF CEME	TERY OF			TION (City, town,	or country		16	-1
REMO	urial 3-16-						t Ashby		37.50	(Stote	ej
	RAL DIRECTOR'S SIGNATURE e		Fort Ash	TUy	Cem.	1.01	o Maliny	9 12 -	Va	*	

funeral director, old be filed with TO DUBITAL DE EXTENDING PHYDICIAN: The faw requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL PRYCIOR: After this certificate has been signed by the attending physician and completely filled in by page 3 shout addached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS A15 (4) 15M 9/58

Rea. Dist. No. 2 USUAL RESIDENCE (Where deceased lived of institution: Residence before admission) Allegany c CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) IS RESIDENCE ON A FARM? YES NOT Year 1959 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRY? USA PERFORMED® (County) (Stote) 1945 That I last saw the deceased that death accurred at 4.200 M, from the causes and an the date stated above. DATE SIGNED Frostburg 22d. LOCATION (City, town, or county) (State) 1 246 REGISTRAR'S SIGNATURE arthur S. Kines



15M 10/57



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	ician	2	·答"	er.
	phys	remove corbor		L
	is certificate has been signed by the attending physician	it. Then please ray	burial, crematian, or remayal, and in any event within 12 IIc	
	end	leas	iffi	
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	y th	f	eve	
	å P	ij.	ďπλ	
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ng p	e ho	buri	remo	
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ay be retained by the hospital ar attending	3	1	Ĭ	
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oy E	S	age.	0	

		MARY	LAND	STATE DEPA	RTM	ENT OF H	EALTH	I-BAL	.TIMORE	, 18		00	-
		254	45	CERTI	FIC/	ATE OF D	EATH	1 et		Re	eg. Dist. No		553
1. PLACE o. CO	OF DEATH					2 USUAL RESID			ed lived If inst	LITY			sign)
	Alle	gany		MARY			laryl			A	llagan		
b. CIT	Y OR TOWN (IF RAL and give ne	outside corporate funi	ls, write	c. LENGTH OF STAY	IN 1b	c CITY OR T	OWN (If o	ulside corp	orole limits, wri	ie RURA	L and give ned	orest low	n)
Cum	berland			5 days		🚉 🗘 Cumb	perla	nd,					
d. NA OR S	ME OF HOSPITA INSTITUTION acred H	eart Hospi	tal	oddress)		d. street at		ve-Bo	wling G	reen		ON /	SIDENCE A FARM?
3. NAMI DECE	OF	Fir	18	Middle		Lost		4. DATE		Month	Do	ly .	Yeor
(Type	or print)	Edi	th	F		Oats		OF DEATH		Marc	h R	5	159
5. SEX		6. COLOR OR RACE	7 MARI	RIED NEVER MARRIE	D 1871	8 DATE OF BIRTH	1		9 AGE (In ye	ors If t	UNDER I YEAR	IF UND	
Fe	male	White	WIDOW	_	_	3/9/ 1	88	0	9 AGE (In ye lost birthdo	yrs Mo	onths Doys	Hours	Min
10a. USU	AL OCCUPATIO	N (Give kind of working life, even if retired	done 10b	KIND OF BUSINESS O	R INDU	STRY 11 BIRTHPL	ACE (State	or foreign o	country)		12. CITIZEN C	F WHAT	COUNTR
	ousewol	9	, I	Own home		W.	VA.				U.S.	A.	
	ER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
	George	e H. Oate	es .				Mary	RTS	cjburr	1			
15 WAS	DECEASED EVER	IN U S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	17, I	NFORMANT				Address			
N		v yai, give war bi da a or ,	or rice;	None		Brother	- I	Marsha	all Oat	s ,	Barti	1.101	e. 1.15
18.	CAUSE OF DEAT	TH [Enter only one co	use per li	ne for (o), (b), and (c).]		4 4			,		INT	ERVAL B	ETWEEN
	PART I. DEAT	H WAS CAUSED BY:	C	electron	in 6	I the 1	non	TL/	Dance	n. 1.	AL ON	SET AND	DEATH
1 /	44x	DUE TO						16	- Maria				
Co	nditions, if on	y, which }	ALL	la Trenter	ed.	100000	er	lace	h			Ch	2
	ve rise to in			7000	- Line		1						-
	se (a), stating t ig cause last.	he under-	1										
Z -	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	SE CONDITION	GIVEN	IN PART 1(o) 1	9 WAS	AUTOPSY
Ĭ												PERFO	ORMED?
₩ 20a.	ACCIDENT WAS	UNDERLYING ()	20b DES	CRIBE HOW INJURY OF	CURREI	D. (Enler nature of	injury in f	art I or Par	rt II of item 1B	<u> </u>		123	, 110
OR C (IF E	CONTRIBUTING ITHER, NOTIFY I	CAUSE OF DEATH MEDICAL EXAMINER)					. ,						
₹ 20c.	TIME OF INJURY	Month, Day, Ye	or 20d I	NJURY OCCURRED	20e PL	ACE OF INJURY IF	lome, form	, 20f. (Cit	y or town)		(County)		(Stote)
WEDICAL 20c.	Hour o m.	19	While of wor	Not while	Fac	story, street, office	bldg, etc.	1			(,,		10.0.0)
		at Lattended the		ed fram. Y-	3 -	1956	ta	3 -	5 10	55 11	at I last sa	nu alem	duanas
	e an	3 - 5-	19			accurred at		. M. frou	n the cour		nat I last so		
			7	7	GEGIII	decorred dr.,			itreet, city or/fo				ATE SIGNI
ACTI	JAL IATURE	7 /8	m	40		un 15	71	-ue	ne 01.				
						11/		1		11	/		
	SICIAN'S (E (Type)					Clan	rhe	rlan	A 1	UL			
220 BUR	IAL, CREMATION	, 22b. DATE THEREC		22c NAME OF CEME	TERY O	R CREMATORY		22d LOCA	TION (City, to	wh, ar co	ounty)	(Stat	te)
Bi	OVAL (Specify)	3/8/195	9	Rila Ur	est	Cem.		C	umberl	anu	, Md.		
	RAL DIRECTOR'S		Camai	ADDRESS	1.			BY REGIS	TRAR 24b. R	EGISTRA	R'S SIGNATUI		
DA:	con Ki	5116	U UIIII	berland,	WILL B		DAKAR	9 '59	a	rthug	S. France		
									7				



I

MARYLAND STAT	E DEPARTMENT OF	HEALTH-BALTIMORE.	18
_Item 9, Film	G347, 3/45/59	fsy	
2547	CERTIFICATE OF	HEALTH—BALTIMORE,	D.

02554

				Reg. Dist. 140.
1. PLACE OF DEATH COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (WILLIAM STATE MARYLA)	here deceased lived. If instr ND b. COUN	tution Residence before admission)
b. CITY OR TOWN (If outside corporate limits, RURAL and give regrest lown) CUMBERLAND	c. LENGTH OF STAY IN 16	CUMBERLAN		e RURAL and give nearest town)
d NAME OF HOSPITAL (If not in hospital, given or institution SACRED HEART HOSP)	· ·	521 HENDERS	ON AVE.	e. IS RESIDENCE ON A FARM? YES NO 2
3 NAME OF DECEASED (Type or print) TNA	K. Middle PORTER	Lost	4. DATE OF MARCH	Aonth Doy Yeor 1959
FFMALE WHITE	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 3-1-03		
10a, USUAL OCCUPATION (Give kind of work do: during most of working life, even if refired)	Hospital	STRY 11. BIRTHPLACE (Shole West Vir	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14 MOTHER'S MAIDEN ?	NAME	
Jimes Keesee		Unk	nown	
1S. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes no, or unknown) [II yes, give wor or dates of servi		Chart :: 101		ddress Cumberland, Ad
18. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_	per line to g (o), (b), and (c).]	heart for	lue	INTERVAL BETWEEN ONSET, AND DEATH
Conditions, if ony, which gove rise to immediate (b)	Circlionis	ften ler	er	2 glus
lying couse lost. DUE TO				
CATI				GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	6. DESCRIBE HOW INJURY OCCURRE	D. (Enler nature of injury in	Port I or Part II of item 18)	
ZOC TIME OF INJURY Month, Day, Year Hour o. m. 19	20d. INJURY OCCURRED 20e. PL While Not while fo of work 0 of work	ACE OF INJURY (Home, form clory, street, office bldg., etc.	n, 20f. (City or town)	(County) (State)
21. I certify that I attended the d		19.59 ta	3-14 , 195	5,that I last saw the decease
alive an 3-14-19	, 19, and that death	occurred at \$351	A.M., fram the cause:	and on the date stated above
ACTUAL & MARIA			ADDRESS (Street, city or tow	
SIGNATURE / / ///	1	M.D		**********
PHYSICIAN'S NAME (Type) TENTS BRINGS	M.D.	_57_GREEN	STREET CUM	BERLAND, Md.
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, low	n, or county) (State)
burial 3/17/195	TITULE OF CO.	Cemeter,	Cumberla	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			GISTRAR'S SIGNATURE
L, Mi, it	CH LUTLUL	LA BASE MA	4K 1 9 .29 (arthur S. Thrace



24 havrs after

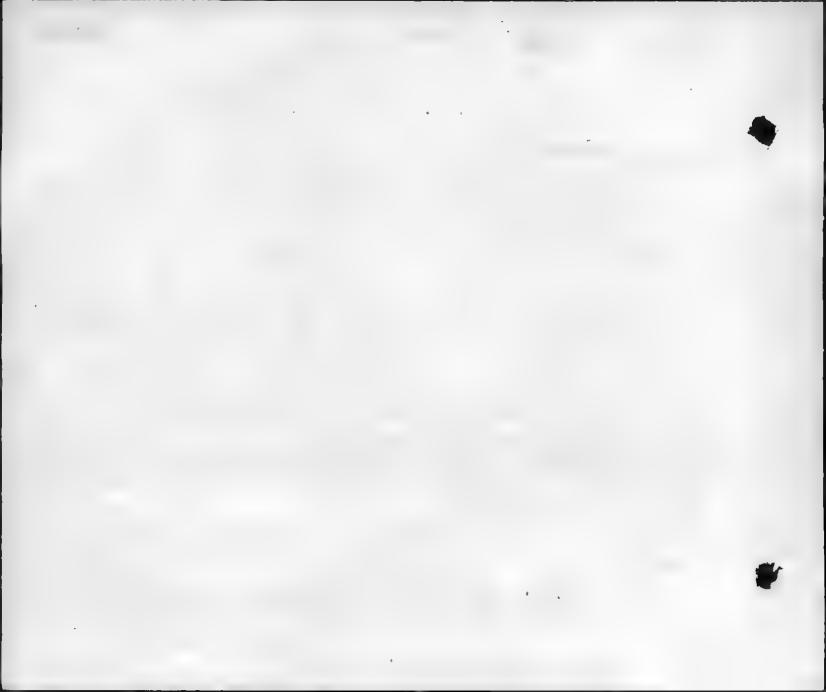
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL PLACTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 show detached for me as the burial-transit permit. Then please remove carbon papers. Pages 1 and 1 ld be filed with the registrar proof to burial, memorian, or memoral, and in mey event within 72 hours after death. M VS A15 (4) 15M 10/57

		2548	3	CERTIF	ICA	TE OF	DEATH			Reg. Dist	No.	255R
1	PLACE OF DEATH	llegany		MARYLA	UND	2 USUAL RESI	Maryl	ere deceased	b. COUNTY		ganj	
	b CITY OR TOWN (I RURAL and give no	f outside corporate limi corest lown) Cumberla		c. LENGTH OF STAY IN			TOWN (If or		rote limits, write R	URAL and gr	ive negre	st town)
	OR INSTITUTION	Al (If not in hospital, g Sylvan R				d STREET A	ewood	Addit	ion			1S RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	For Emm		Middle Brode		Rice		4. DATE OF DEATH	Mon		Doy 30	Yeor 19 59
	Female	White	WIDOW			May 7,	1878		9. AGE (In years lost birthdoy) 80 yrs.			UNDER 24 HRS Hours Min
L	Housewi	ung life, even it retired	done 10b	Own home	INDUS		ACE (Stote or ryland		ountry)	12 CITI	U.S.	WHAT COUNTRY
13.	Pather's NAME Daniel	Brode				14. MOTHER'S	MAIDEN N		a Lemmer	t		
1\$.		R IN U. S. ARMED FOR If yes, give war or dates of se		social security no.		FORMANT	Retre		Add ecordsm	ress	mln	nd.Md.
MEDICAL CERTIFICATION	PART I. DEA 4 0 0 Conditions, if or gove rise to it couse (o), storing lying couse lost PART II. OThe Constitution of Contralauring Contralau	TH WAS CAUSED 8Y- IMMEDIATE CAUSE (o DUE TO TO, which the under: THE SIGNIFICANT CON THE S	45 DITHONS 9 CELLE 206. DES	Not while	LE AL RUT	rdin el Ar NOT RELATED TO 200	f injury in P	ort I or Port	E CONDITION GIV		ONSET	WAS AUTOPSY PERFORMED?
	actual signature	at I attended the	812°	72 La		occurred at	49	M, fram	70/1959 the causes of rest, city or town, Cumberla	ind an the	e date	the deceased stated above DATE SIGNED
220		N. 226 DATE THEREO	F	220. NAME OF CEMETE		CREMATORY		22d. LOCAT	ION (City, town, o	or county)		(State)
	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS erland, Mo	A \$		240. REC'D	BY REGIST	RAR 24b. REGI	STRAR'S SIGI	NATURE	A

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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	8	Ē	stion, or removal, and in any event within 77 hours after a
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5	cert	9 03	ıt.
	this	letoched for use as the buriof-transit permit. Then plea	I, crematio
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more and the second sec	TOR: After this certificate has been signed by the ottending physician and completely filled in by the funera	del	5
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Page

within 24 hours ofter deoth.

requires that the death certificate be executed

PHYSICIAN: The

HOSPITAL OR

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VS A1S (4) 15M 9/SS

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY o. STATE b. COUNTY MARYLAND Marvland Allegany b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) La Vale Cumperland d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO I Sicrefi Heart hospital onal NAME OF 4. DATE Middle Lost Month Year Doy DECEASED OF DEATH (Type or print) TEX 0.50 19 March IF UNDER I YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years last birthday) Months Days white WIDOWED [DIVORCED T Funale 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Tousewife Own Home Harman. W. Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Cooper Elmira McLonald 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No None Long 0 18. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 4300 **DUE TO** Conditions, if ony, which gave rise to immediate **DUE TO** catse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of ilem 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Doy, Year (County) (State) factory, street, affice bldg., etc.) o. m. While Not while al work [at wark p. m 21. I certify that I attended the deceased fram. ___ 19_52_that I last saw the deceased and that death occurred at Q_M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22d. LOCATION (City, town, or county) 22b. DATE THEREOR 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) Harman. W. Va. Jooper Cemetery 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Cumberline, mus llilian al million wilness & Track



\	Lτ	em 18 Fil	m 241°4-0	550	CERTI	FICA	ATE OF	DEATH	ı		Reg. Dist.	.025	58
)	1.	PLACE OF DEATH	ANY		MARY	LAND	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE b. COUNTY						
	-	b. CITY OR TOWN (If	outside carporate lim	its, write	c. LENGTH OF STAY		-	MARYLA TOWN (If or		rate limits, write RI	ALLEGA URAL and av	1	vn)
		CUMBE	RLAND		1 DAY		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND						
	١.	OR INSTITUTION	L (If not in hospital, in MEMORILAL)	HOSEN	oddress) TAL	ddress)				ORD ROAL)	ON	SIDENCE A FARM?
		NAME OF DECEASED (Type or print)	L I NDA	rsi	Middle SUE		ROYCE	ist	4. DATE OF DEATH		Month Doy MARCH 2		Yeor 1959
	5. 1	SEX	6. COLOR OR RACE	7. MARR	ED NEVER MARRIE	KKo	B. DATE OF BIR	TH		9. AGE (In years	IF UNDER 11	YEAR IF UNE	
		FEMALE	WHITE	WIDOWI	DIVORCE		JULY	12		last birthday) 2 yrs.	Months D	oys Hours	Min,
1	10a	USUAL OCCUPATION during most of worker	NONE	dane 10b.	None	R INDU	STRY 13. BIRTHP	RYLAND	Pati Rive	ixent		J.S.A.	T COUNTRY?
1	13	13 FATHER'S NAME					14. MOTHER		_				
		ROBERT	L. ROYCE					SHIRLE	Y A CA	POROSSI			
		WAS DECEASED EVER	IN U.S. ARMED FOR yes, give wor or dotes of		SOCIAL SECURITY NO		NFORMANT	HOORE	TAI	Addr		LID	
	<u> </u>	no			none		EMORIAL	HUSFI	IAL	CUMBER	RLAND,	MU.	
												INTERVAL BETWEEN	
)	DUE TO)								2 yrb	.8 mos
		Conditions, if any gave rise to im-	mediate										
		couse (a), stating the lying cause last.		:)									
	CERTIFICATION	PART II OTHE	R SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	O THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART 1	PERF	AUTOPSY ORMED?
	,	200 ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY M	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY O	CURRE	Enter noture	of injury in Po	ort I ar Port	(f of item 18.)			
	MEDICAL	20c. TIME OF INJURY Hour p. m. p. m	Month, Day, Ye	or 20d. It While of worl	Not while	20e PL/ foc	ACE OF INJURY lary, street, offic	IHome, form, te bldg., etc.)	20f. (City	or lown)	(Cou	inty)	(State)
		21. I certify tha	t I attended the		Property .	142	1955	7:05 P	11/2	155	,that I los	st saw the	deceased
		alive on	164	, 19_3	and that	death	occurred at		M, from	the causes a	nd on the	date sta	red above.
,		ACTUAL X	(M)		July Tho		/32	Menci	111-0	(111.2	srarej	3	932 -
		SIGNATURE	Sifufate flat	<u> The lacks to</u>		} <i>'</i>	W.D	NEN	1 1				
		PHYSICIAN'S NAME (Type)	DR. OVERT	IH NO	MMELWRIGHT	- tables then		Clea	duelle	end, lest			
	220	BURIAL, CREMATION,	226. DATE THEREC)F	22c NAME OF CEME	TERY O	RCREMATORY		228 LOCATI	ON (City, lawn, o	r county)	(Ste	ote)
		REMOVAL (Specify) Burlal	3-28-59)	Hillcre	st	Burial	Park	Cumb	erland.	Md.		
	23.	FUNERAL DIRECTOR'S			ADDRESS			240. REGIA	WA REBIRE	gR 24b REGIS	TRAR'S SIGN	ATURE	
		James F.	Scarpe]	lli,	Cumberla	nd.	Md.	DATE			40. /	and and	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



02559

	4931			Reg. D	list. No.
1, PLACE OF DEATH			2. USUAL RESIDENCE (V	Vhere deceased lived. If institution: Resid	ence before admiss an)
a, COUNTY	Allegany	MARYLAND	o STATE Mary	land b county All	legany
b. CITY OR TOWN	(If outs de corporate limits, wo e. RUZ	AL C LENGTH OF STAY IN 16	c CITY OR TOWN (IF	outside corporate limits, write RURAL on	d give neorest fown)
Cumbe	r'land,		Cumbe	rland,	
d. NAME OF HOSP	ITAL OR INSTITUTION (If no	Fin hospital, give street address)	d STREET ADDRESS		e IS RE ILIENEE
D.O.A.	Memorial Ho	osp.	21 N. L	ee St.,	YES NO
3, NAME OF DECEASED (Type or print)	CLARA	REGINA	SCHREIBER	4 DATE Month OF DEATH March	18, Yeor 59
5. SEX Female	White		DATE OF BIRTH POPULATION 1	907 PAGE in years IF UNDER	Doys Hours Min
during most of work Clerk	FION (Give kind of work done king life, even if retired)	Grocery Store			IZEN OF WHAT COUNTRY
13. FATHER'S NAME Wil	liam Condry	8	14. MOTHER'S MAIDEN N	Hershberger	
15 WAS DECEASED E	VER IN U.S. ARMED FORCES		Joseph F		w. Lee St.,
18 CAUSE OF DE	ATH [Enter only one couse p	er line for (o), (b), and (c)]		<u>-</u> '*	INTERVAL BETWEEN
PART I, DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Hemothorax,	Left		10 Min.
401%	DUE TO				
Conditions, if		Ruptured Dis	ssecting Ab	leurysm	10 Min
(a), stating the					
PART II. O	THER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN PAR	PERFORMED?
200 EXTERNAL C. PRIMARY OF CAUSE OF DEATH	ONTRIBUTING	ESCRIBE HOW INJURY OCCURRED (E	nter nature of injury in Par	t I or Part II of item 18)	
20c. TIME OF INJ	l.	20d INJURY OCCURRED 20e PLA: While Not while of work at work	CE OF INJURY (Home, form bry, street, office bldg., etc.) 20f. (City or fawn) (Co	uniy) (Stole)
21. I certify	that I took charge of	the remains described obo	ve, held on Autops	y 💢, Inspection 📆, Inqui	ry X, ond in my
opinion deatl	h resulted from. Nati	urol causes 💢 Accident [, Suicide , I	Homicide , Undetermined	monner [
1	1 1,	0. 1			
SIGNATURE	Senedict.	Skitarelia	M D. CHIEF MEDICAL EX	tunii .	DATE SIGNED
EXAMINER'S			ASSISTANT MEDIC	144	
NAME (Type)	Benedict Sk	itarelia, M.D.	DEPUTY MEDICAL I	EXAMINER March 18	_1959 (Stole)
Burial			& Paul's	Cumberland, M	
23. FUNERAL DIRECTO		ADDRESS	240 REC'	D BY REGISTRAR 246. REGISTRAR'S SI	GNATURE
n. wayn	c dedrige c	munerrand, mar	DATE	MAR 2 0 '59 Chilling	8. France

The Dibloty Mical Examines: This certificate should be executed within 24 hours after difficities, withing the word "pending" in pendi in them. 18. Give Pages 1, 2, and 3 to the lineral a should be executed to the Chief Medical Examiner's Office along with form [M3, 7 age 5 may be relained to how the Chief Medical Examiner's Office along with form [M3, 7 age 5 may be relained to FUNERAL ECTOR: page 3 should be used as a build-transit permit. File pages 1 and 2 with the State, or its designated agent, prior to burial, cremation, at removal, and in any many within 72 hours after death. VS. AISME SM 2, 57



60

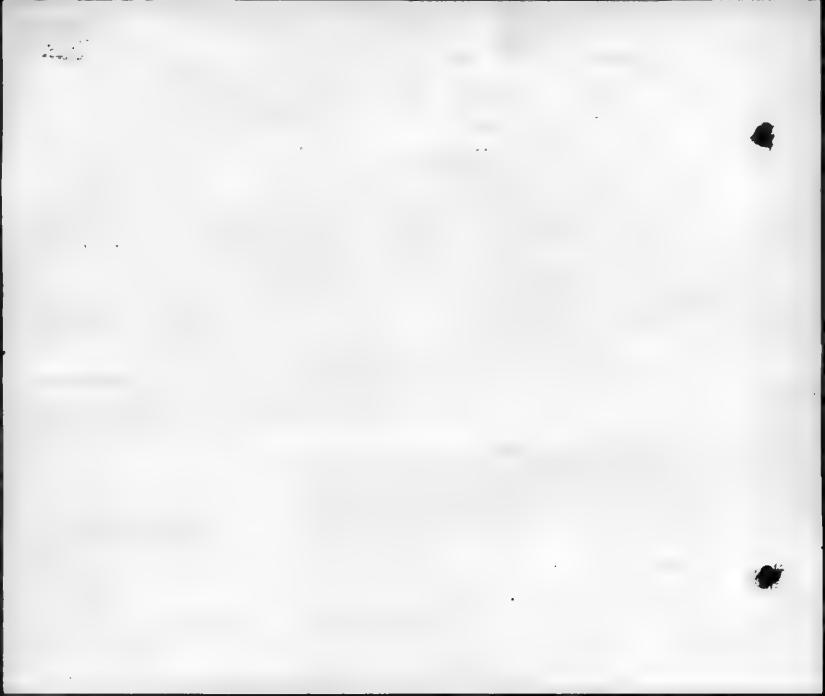
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MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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2552 CERTIFICATE OF DEATH

02560

ಬರುಜ್ಞ	CERTIFICA	TIE OI DEATH		Reg. Dist. No.
PLACE OF DEATH O. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Whe	b. COUNTY	on. Residence before admission) ALLEGANY
b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) CUMBERLAND	65 DAYS	CUMBERL	itside corporote limits, write R AND	URAL and give nearest town)
d. NAME OF HOSPITAL (11270) TO POSITE OR INSTITUTION MEMORIAL & WARWICK AVES	rations)	d STREET ADDRESS	RST STREET	e. IS RESIDENCE ON A FARM? YES NO 🔀
3. NAME OF First DECEASED (Type or print) . ELEANO	Middle R	Losi SHAW	4. DATE Mon OF DEATH MA	nh Doy Yeor RCH 14 19 59
5. SEX 6. COLOR OR RACE 7. MARR FEMALE WHITE WIDOWE		FEBRUARY 14	1880 AGE (In years last birthday) 79 yn	Months Days Hours Min
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if refered) HOUSEWIFE ON	KIND OF BUSINESS OR INDUS		or foreign country) D -KIFER	12 CITIZEN OF WHAT COUNTRY U-S-A-
13. FATHER'S NAME LUKE ROBERTSON		14. MOTHER'S MAIDEN N		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	MATHILDA M	TUDLE TON Add	rate .
[Yes. no. or unknown] [If yes, give wor or dotes of service]	none		SPITAL, CUMBER	
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (o)] 4. 2. 2. DUE TO Conditions, if ony, which gove fise to immediate couse (o), stating the under lying couse lost. (c)	Macard		scompeur	
PART II. OTHER SIGNIFICANT CONDITIONS C				/EN IN PART I(o) 19. WAS ALTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Po	ort I or Parl II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. IN While of work	Not while fac	ACE OF INJURY (Home, form, lory, street, office bldg., etc.)		(County) (State)
27 I certify that I attended the decease alive on 14 , 19 actual signature Clays	C-57		OPAMERIA the causes of DORESS (Street, city or town,	that (last saw the deceasor and an the date stated above DATE SIGNE)
PHYSICIAN'S CLAYE E. DI	URRETT			· · · · · · · · · · · · · · · · · · ·
220 BURIAL CREMATION, 226. DATE THEREOF BUT1a1 3-17-1959	Mt. Herman		Cumberland,	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			STRAR'S SIGNATURE
James F. Scarpelli, Cu	imberland, Mo	DATE M	AR 1 7 '59 C	Inthun S. Kraus



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VS A15 (4) 15M 10/57 783

CERTIFICATE OF DEATH

n2561

		0.7						Keg. Dist. No).
1. PLACE OF DEATH D. COUNTY	40	04		2. USUAL o. STAT	RESIDENCE (W	/here deceased in	ved (finstitution	Residence befo	ore admission)
b. COOINT	Allegany		MARYLAND) 0. 31A1	Mary	land	b. COUNTY	Allega	anv
b. CITY OR TOWN RURAL and give	(If outside corporate limit	s, write	c. LENGTH OF STAY IN TE	c CITY	OR TOWN (If	outside corporate	limits, write RU		
Fro	stburg			X	Lo	naconi	nø		
	PITAL (If not in hospital, gi	ve street a	ddress)	/d. STRE	ET ADDRESS		14(9		e. IS RESIDENCE ON A FARM?
0.0000000000000000000000000000000000000	Miners Ho	spit	al		West	Main			YES NO
3. NAME OF DECEASED	Firs		Middle		Losi	4. DATE	Month	D	lay Year
(Type or print)	William			Sho	ok	OF DEATH	March	1 2	27 19 50
5. SEX	6 COLOR OR RACE	7. MARRIE	ED NEVER MARRIED			9	AGE (In years	FUNDER 1 YEAR	R IF UNDER 24 HRS
Male	White	WIDOWED	DIVORCED [Sept	23,18	84	last birthdoy)	Months Days	Hours Min
TOO USUAL OCCUPAT	10N (Give kind of work d	one 10b. K	IND OF BUSINESS OR IN				try)	12 CITIZEN	OF WHAT COUNTRY
none	orking life, even if retired)			Mo	refie	14. W	.Va.	II	S.A.
13. FATHER'S NAME					ER'S MAIDEN		V CLA		Maria III.
	George Sho	ok			Viro	inia S	0.0		
15. WAS DECEASED EV	VER IN U. S. ARMED FOR	ES7 16. S	OCIAL SECURITY NO. 17	INFORMANT	****	****	Addre	35	
[Yes, no. or unknown]	(If yes, give wor or dates of se	rvien)	IV.	Irs.Wil	liam	Shook	Lone	conine	Md
	EATH [Enter only one cou	ne per line		1174	ife"	,	ПОЛТ		TERVAL BETWEEN
	EATH WAS CAUSED BY:	111	11000 din	0 1	0	wid.		ON	ISET AND DEATH
4221	IMMEDIATE CAUSE (o)		M. CANGER			0,000			MARKIE
Conditions, if	one which I		terinscon	, 2515		OVA			ALMA
gove rise to	immediate (DULTO			2001		<u> </u>			3
couse (o), stating	8 the nuger-								
Z PART II. O	THER SIGNIFICANT CONE	OITIONS CO	ONTRIBUTING TO DEATH B	UT NOT RELATE	D TO THE TERA	AINAL DISBASE C	ONDITION GIVE	N IN PART I(o)	19, WAS AUTOPSY
PART II. O COALL 200 ACCIDENT W CONTRIBUTION UIF EITHER, NOTIF	ma. C	1000	sic contri	1	1	D.	e .A		PERFORMED? YES TO NO TO
200 ACCIDENT V	VAS UNDERLYING	20b. DESCI	RIBE HOW WUURY OCCUR	RED. (Enter nati	re of injury in	Pari I or Port II	of item 18.)		7
OR CONTRIBUTION	G CAUSE OF DEATH Y MEDICAL EXAMINER)					•			
3 20c. TIME OF INJU				PLACE OF INJU	RY (Hame, for	m, 20f. (City or	lown}	(County	(State)
Hour o m.	10	While of work	Not while of work	factory, street,	mice blog., el	(c }			
	that I attended the			10	59 m	Mach	771059	that I last a	aw the decease
alive on	noich 26	10 5		ith occurred					ate stated above
		تنبدے، ب۔ م	ELLE-, WITO MIGH GOO	ini accorred	01		ne couses on I. city or town, st		DATE SIGNE
ACTUAL	Je Wille	mil	11	M.D.				-	3.28.59
				M.D					? <u>-</u> 91
PHYSICIAN'S NAME (Type)	K SKIE I	8. M	ILES JR		ro	MACO	NING	1	MD
220 BUR AL, CREMATI	ON, 22b. DATE THEREON	F	22c. NAME OF CEMETERY	_		22d. LOCATIO	N (City, town, or	county)	(State)
Burial		9	Memoria	1 Park		Fro	stburg		Md.
23. FUNERAL DIRECTO			ADDRESS	nÅ -		D BY REGISTRA	R 24b REGIST	RAR'S SIGNATU	IRE
George 1	Eichhorn	Lo	naconing,	Md.	DATEA	'R 1 '59	arth	47 8 Km	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02562 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. EALTH DEPT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before adm ssion o. COUNTY gt. Health, b. COUNTY Commott MARYLAND legany b. CITY OR TOWN I coulside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland. D.O.A. d NAME OF HOSPITAL OR INSTITUTION (If not in hospita), give street address) d. STREET ADDRESS e. IS REE DET .. ON A FARM? Memorial Hospital -- D. O. A. YES NO E 3. NAME OF 4. DATE Month DECEASED EUGENE EDWARD SINES 1959 (Type or print) DEATH March 9. AGE (In years 6 COLOR OR RACE 7. MARR ED A NEVER MARRIED TO B DATE OF BIRTH IF UNDER TYPAR IF UNDER 24 HRS Monthi Days Hours M'n. White WIDOWED [DIVORCED [100. USEAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State at foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ביי ביותיי תו, יו 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116 SOCIAL SECURITY NO. 117 INFORMANT Addrins 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] NTERVAL BETWEEN ONSET AND DEA IL PART I. DEATH WAS CAUSED BY: 30Min. Hemopheumothorax EMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which Fracture of 4th-5th ribs, right 30 Min. gove rise to immediate cause **DUE TO** (a), stating the underlying cause fast. PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES X NOF 200. EXTERNAL CAUSE WAS PRIMARY 12.00 CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part It of item 18.) Tractor upset pinning victim. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form. 120f. (City or fown) (County) 3:15 p.m. Mar. 9 1959 While Not work of work fortary, street, office bldg , etc.) Near Corriganville. Alleg. 2). I certify that I took charge of the remains described above, held an Autopsy XI. Inspection IX. Inquiry IXI. and in my opinion death resulted from: Natural causes . Accident XX Suicide ., Hamicide ..., Undetermined manner ... ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Benedict Skitarelic, M.D. DEPUTY MEDICAL EXAMINER NAME (Type) March 9. 1959 270. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 72d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 70 ö Burri of riendsville Gar ett Blooming 23. FUNERAL D RECTOR'S SIGNATURE ADDRESS 246. REGISTRAR'S 5 GNATURE 240. REC'D BY REGISTRAR VS. ALSME DATE MAR 1 2 '59 C. Thur & House



CERTIFICATE OF DEATH 2554 director, PLACE OF DEATH filed o. COUNTY ALLEGANY MARYLAND ofter death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest lown) 4 HRS. 32 MIN CUMBERLAND d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSEMORTAL HOSPITAL hours . 5 GD NAME OF First Middle eq (Type or print) BARY GIRL SMITH witho 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X B. DATE OF BIRTH campletely WHITE FEMALE MARCH WIDOWED [7] DIVORCED | 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) pup NONE 13 FATHER'S NAME RICHARD E. SMITH 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT IYes, no or unknown) Ilf yes, give war or dates of service) MEMORIAL aftending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] ä PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** requires that څ permit. Conditions, if ony, which been signed gove rise to immediate DUE TO couse (o), sloting the underlying cause last. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part II or Port III of item 18) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m 21. I certify that I attended the deceased from 5 h, and that death accurred at 11 -CTOR: del ra k ACTUAL PHYSICIAN'S NAME (Type) DR. L. RANSOM 22b. DATE THEREOF 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY bage arch 4,1959 XMXXXX Lewis Cemetery 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VS A15 (4) John J. Hafer, Cumberland, Maryland 15M 10/57

0256	n
11250	7
a ordenies out	

Rea. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before · STATE MARYLAND **b** COUNTY ALLEGANY c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) CUMBERLAND e 15 RESIDENCE 209 BEDFORD STREET YES NOX 4. DATE Year DEATH MARCH 1959 9 AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months 12. CITIZEN OF WHAT COUNTRY? CUMBERLAND, MARYLAND U.S.A. 14 MOTHER'S MAIDEN NAME BARBARA A. CLAIRE WARWICKOOPS MEMORIAL AVENUE HOSPITAL - CUMBERLAND, MARYLAND INTERVAL BETWEEN ONSET AND DEATH Nomalies PAIT II OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO 🖾 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) 19. 5 That I last saw the deceased W, from the causes and on the date stated above. ADDRESS (Street, DATE SIGNED M. D. 63 Greene St. Cumberland, Md. 22d LOCATION (City, town, or county) Near Oldtown, Md. Alleg. 24a, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE arthur & Flences

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



death

certificate be

ATTENDING

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2556

CERTIFICATE OF DEATH

	02566
Reg. Dist. No	,

		COUNTY		2. USUAL RESIDEN	CE (Where deceased liver		ice before admissio	on)				
		Allegany	MARYLAND	5.0	rvland	b. COUNTY All	e/(any					
		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOW	'N (If outside corporate I							
	_	Cumberland	8 vears	Cui	mberland							
7		NAME OF HOSPITAL (If not in hospital, give street a OR INSTITUTION	oddress}	d. STREET ADDR	ESS		e IS RESIL	DENCE				
		421 North Naverly Terra	ice.	42	N. Waver	ly Terrace	YES					
	3	NAME OF First	Middle	Lost	4. DATE	Month	Doy Y	eor				
		DECEASED Type or print) MARY	ETTA SI	PEROW	A.C. 11.4	arch 13	/	59				
	5. 5		IED T NEVER MARRIED	B. DATE OF BIRTH	9 Ad		TYEAR IF UNDER					
		Female White WIDOWE	D DIVORCED	June 6. 1		7 yrs. Months	Days Hours	Min.				
	100	USUAL OCCUPATION (G ve kind of work done 10b during most of working life, even if retired)	wn Home		(Stole or foreign country n, Maryland		USA	COUNTRY				
	13.	FATHER'S NAME		14 MOTHER'S MA	IDEN NAME							
		Thomas Crabtree		Emma Z	immerly							
	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 117, 11	NFORMANT	421 1	Waygrly	Terrace	=				
	(Yes	. no or unknown) . Iff was press was as dates of services				erland, Ma						
	-					72 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	- 3					
		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) MALE SERVER BY CONSET AND DEATH This Server T										
		170 X DUE TO	MALA PLANIC		1	Cheliny.	4-12-7	1/03				
		Conditions, if ony, which gove rise to immediate (b)		····			-					
		couse (o), sloting the under-										
	_	lying couse lost. (c)										
3	CATION	PART II OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE CON	NDITION GIVEN IN PAR	T 1(o) 19 WAS AI	UTOPSY MED2				
0,00	3						YES [
	CERTIFI	OK CONTRIBUTING LI CAUSE OF DEATH I	RIBE HOW INJURY OCCURRED	D. (Enter noture of inju	ury in Port I or Port II of	item 18.)						
		(IF EITHER, NOTIFY MEDICAL EXAMINER)										
	MEDICAL			ACE OF INJURY (Hom	e, form, 20f. (City or to	wn) ((County)	(Stote)				
	MED	Hour o. m. White of work	Not while	tary, street, office bld	g , etc.]							
				10 F F		271						
		21. I certify that I attended the decease		, 19_2.Q, to		, 19_5/,that I						
		olive on 19	2, and that death	occurred at /_	M, from the							
		ACTUAL TO THE	1	1110	ADDRESS (Street,	city on lown, stoly	DAT	TE SIGNED				
		SIGNATURE / Circles	Ficializa	M.D. 1 5 61	11 2118 1	57 lunder	0-143/1	14/59				
1		PHYSICIAN'S James T. Johnson	Jr. M.b.	16 Gr	eene Stree	t. Cumberl	and, Md.					
	220											
	220.	BURIAL CREMATION, 226 DATE THEREOF REMOVAL (Specify) 3/16/59	Davis Mem. Me		22d LOCATION	(City town, or county)	Manuel and	1				
u	ci			on. cen	vrregan	y County,	ral y Latit					
		FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240	REC'D BY REGISTRAR	24b. REGISTRAR'S SIG	GNATURE					
	J	ohn J. Hafer, Cumberlar	nd, Maryland	800	MAR 1 9 '59	arilan 2	P. Trans					

funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death; Page 4 may be retained by the hospital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 show the detached for use as the burial-transit permit. Then please remark carban pagers. Pages 1 on the registrar pager to burial, cremation, ar removal, and in any event within 72 hours after death. VS A15 (4) 15M 10/57



VS A15 (4) 15M 10/57

M

MARYLAND	STATE DEPARTMENT	OF	HEALTH—BALTIMORE,	18
2557	CERTIFICATE	OF	DEATH	

02567

¥ .					Ke	g. Dist. No.			
)	1. PLACE OF DEATH O COUNTY		2. USUAL RESIDENCE (Who o STATE		ATTENDED AND ADDRESS.		lmission)		
	Allegany	MARYLAND	Maryla	ind	COUNTY	llegany			
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	c. CITY OR TOWN (If outside corporate fimils, write RURAL and give					
	Cumberland	45 yrs.	Cumber	land					
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS				RESIDENCE		
	14 Willison Place		14 Wil	lison F	lace		N A FARM?		
	3 NAME OF First DECEASED	Middle	Lost	4. DATE OF	Month	Doy	Yeor		
		enry Steve	nson	DEATH	Mar	ch 25	1959		
	5. SEX 6. COLOR OR RACE 7 MARRI	ED NEVER MARRIED	B DATE OF BIRTH			INDER TYEAR IF U	NDER 24 HRS		
	Male White WIDOWE			893 60	birthdoy) Mo	onths Days Ho	urs Min.		
	10a, USUAL OCCUPATION (Give kind of work done 10b, I during most of working life, even if retired)	(IND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	1	2 CITIZEN OF W	HAT COUNTRY		
		asoline	Midland	, Md.		USA			
	13. FATHER'S NAME		14 MOTHER'S MAIDEN N	AME					
١.	Samuel Stevenson		Martha	Clites					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17. II	NFORMANT		Address				
	no 21	7-10-6807	Mrs. Etta W	ilson,	Cumber	land, M	i -		
	18. CAUSE OF DEATH [Enter only one couse per line	e for (g)-tb), and (c).]	1:00	74	'_	INTERVA ONSET	BETWEEN		
	PART I. BEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	13201101	WW Mes	MANNE	7		7 the		
	フ/ 之× DUE TO	1	11			1 -	0.15		
	Conditions, if ony, which) (b)	XIMI	01-10	1116		10	seal?		
	gove rise to immediate couse (o), stating the under-	7.7	77						
	lying couse lost. (c)								
	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONT	DITION GIVEN H	N PART 1(0) 19. W	AS AUTOPSY		
e	Part II. OTHER SIGNIFICANT CONDITIONS CO						REORMED?		
	I ≅ OR CONTRIBUTING LF CAUSE OF DEATH	RIBE HOW INJURY OCCURRE). (Enter nature of injury in P	ort I or Part II of it	lem 18.)				
		JURY OCCURRED 20e PU	ICE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or tow	n)	(County)	(State)		
	While of work	Not while fac							
	21. I certify that I attended the decease	d-£rom	1479, 10/XI	ardiza	19> 7th	at I last saw t	he decease		
	alive on 1/4 124 12	and that death	accurred at 7:30			an the date st			
	-	1. 6	1. A	DORESS (Street, cit	ly or lown, state)	DATE SIGNE		
	ACTUAL SIGNATURE	My.	w.b. 202 Vi	rginia .	Ave.				
	PHYSICIAN'S Day II II Description	2	Cumbon	land M					
	NAME (Type) Dr. E. E. Broa	larup	Cumber	land, M	Q. •				
	220. BUR AL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (C	ity, town, or co	unly) (Slote)		
	Burial 3-28-59	St. Mary's	Cemetery	Cumber	land.	Md.			
	23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR	24b REGISTRAI	R'S SIGNATURE			
	James F. Scarpelli, Cu	imberland, M	d. DATE M	AR 3 0 '59	Circh	-7 S. Krauk			



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

			025	23
Reg.	Dist.	No.		

1	
est \	o. COUNTY Allega
M	b. CITY OR TOWN (If outside RURAL and give nearest to H. 11 CT S 11 C

he funeral director, hauld be filled with

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. Page 4

2.RECTOR: After this certificate has been signed by the attending physician and campletely filled be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 prior to burial, crematian, or remarat, and in any event within 72 haurs after death.

2591

o. COUNTY Alle	gany		MARYLAND	2 USUAL RESI	dence (where		b COUNTY	Alde	before od gany	lmission)
b. CITY OR TOWN (If our RURAL and give neare ELLEYSL	Iside corporate fimits.		GTH OF STAY IN 16		TOWN (If our Ellers		limits, write R	URAL and gi	ve nearest	lown)
d NAME OF HOSPITAL	lf nat in haspital, giv	e street address)		d STREET	ADDRESS	~			e. IS O YE:	RESIDENCE N A FARM?
3 NAME OF DECEASED (Type or print)		hard	E. Stub	Y	4	OF DEATH	March	[™] 29,1	959	Year 19
sex 6.	3377 - 2 4	7- MARRIGIÓ (25) WIDOWED [☐	DIVORCED [8 DATE OF BIRT		97	AGE (In years last by thday) yrs.		YEAR IF U	INDER 24 HRS
Brakeman	Give kind of work do life, even if retired)		Railroad		SILVI	_		US US		HAT COUNTRY?
13. FATHER'S NAME				14 MOTHER'S	MAIDEN NAM	ME				
Henry	Stuby			Ama	nda Wo	olfor	d			
IS. WAS DECEASED EVER IN			SECURITY NO. 17	NFORMANT			Add	F898		
(Yes. no or unknown) (If ye	s, gave war or dates of serv	214-	-05-994MI	s. Pho	ebe St	tuby,	Eller	slie,	Md.	
18. CAUSE OF DEATH FART I. DEATH	[Enter only one cour WAS CAUSED BY: MEDIATE CAUSE (o)_	ie per line for (a	(b), and (c)]	Cin 14	F Kas	artin			ONSET A	L BETWEEN AND DEATH
11 2011	DUE TO		1			۵				
Conditions, if any,			Mycre	when I	4 221	lun			1	5 mm =
gave rise to imm couse (a), stating the			\		B					
lying cause last.) (c)								<u> </u>	
PART II. OTHER 20g. ACCIDENT WAS U CONTRIBUTING D UIF EITHER, NOTIFY ME	SIGNIFICANT COND	TIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO	THE TERMINA	AL DISEASE C	ONDITION GIV	EN IN PART	PE	AS AUTOPSY REFORMED?
	NDERLYING TO 2 CAUSE OF DEATH DICAL EXAMINER)	Ob DESCRIBE HO	OW INJURY OCCURRE	D. (Enter nature o	if injury in Por	t Far Port II	of item 18)			
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year 19	1	of while for	ACE OF INJURY (clary, street, affic		20f (City or	town)	(Ca	unly)	(State)
21. I certify that	l attended the a	deceased from	m 12-17	R 19.57	, to	3 - 2	9 195	Lithat I la	st saw t	he deceased
alive on 3-		., 12_5_1,	, and that death	accurred at	6:20A	M, fram t		and an the		
ACTUAL SIGNATURE	i elha	-	Leun	м.р. <u>441</u>	N. CEN	NTRE S	ST		3	-30-59
			s, M. D,		ERLAND					
BEHOVAL (SPECIFY)		1,1959	Lybarge:	crematory Cemet	ery	Buff	alo Mi	11s,F	a. F	ND#1
23. FUNERAL DIRECTOR'S SI			man, Pa.		240. REC'D B	y registral		STRAR'S SIGN		

the registra

may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been si



YS A15 (4) 15M 9/SS

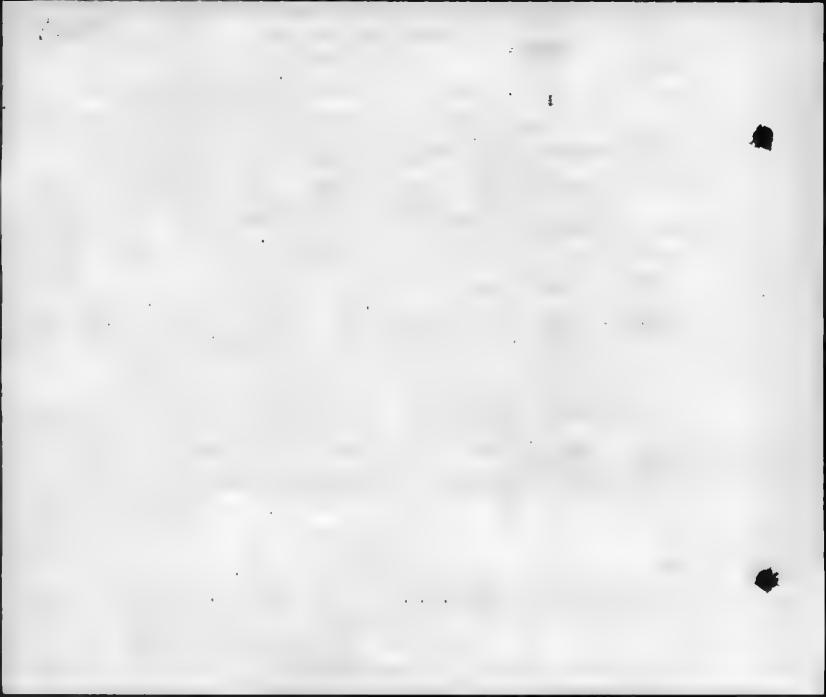
ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

CERTIFICATE OF DEATH

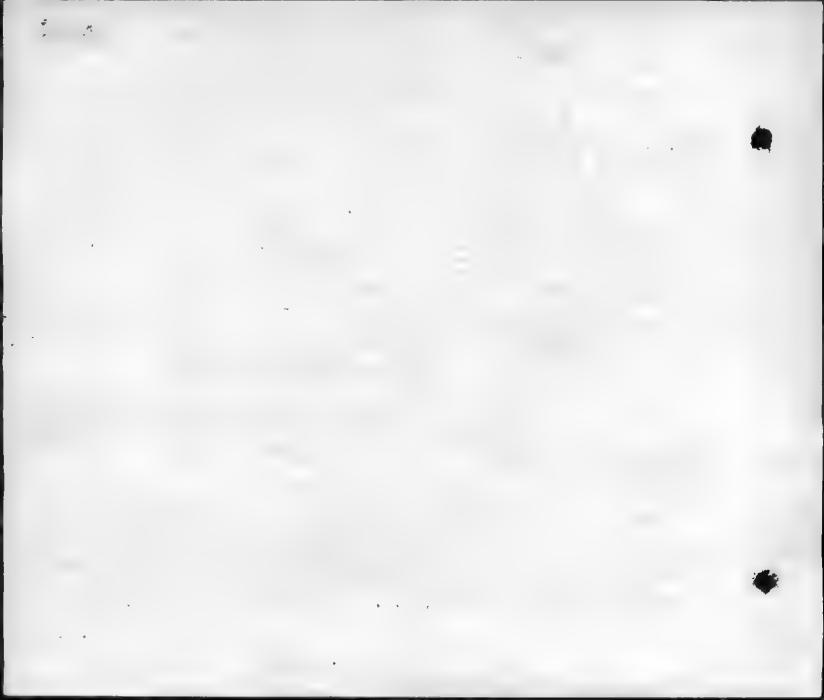
M

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255.	CERTIFICA	AIE OF BEATH	Reg. D	ist. No.
1. PLACE OF DEATH o. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (Where deceded a. STATE	sed lived. If institution: Reside b. COUNTY	nce before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (Hyputhide co)	porote limits write RURAL and	givernearest fown)
d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	d address)	814 Styrias	- llve	o. IS RESIDENCE ON A FARM? YES NO X
3 NAME OF DECEASED (Type or print) (M. A.C. First	Batte .	1 temps 4. DATI		Day Year 13 19 59
s. sex \mathbf{F} 6. Color or race \mathbf{F} widov	RRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 1-24-1878	9. AGE (in years last by the day) yrs.	Days Hours Min
100 USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired) **ROUSEWIIE**	KIND OF BUSINESS OR INDU	ISTRY 11 BIRTHPLACE (State or fareign	country) 12 CI	TIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME		
Sylvanus Robey		Mary Doyle		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no pr unknown) [If yes, give wor or dates of service]		INFORMANT ar. Watkins 814	Address Sylvan Ave.	
Conditions, if any, which gave rise to immediate costs (a), stating the under lying cause last. Conditions, if any, which gave rise to immediate costs (a), stating the under lying cause last. Conditions, if any, which gave rise to immediate costs (b).	CONTRIBUTION TO DEATH BU	V	/	
TOTAL				PERFORMED? YES NO 4
	SCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in Part 1 or 1	art II at slem 18.)	
A Hour a.m. While		LACE OF INJURY (Home, farm, 20f. (Cictory, street, affice bldg , etc.)	(ily or town)	(County) (State)
21. I certify that I attended the decea	sed from 1-2-59	19 to 3 =	13, 1957, that 1	last saw the deceased
alive on 2 /2 19	57, and that death	accurred at 5 AM, fr	am the causes and an t (Street, city or lown, state)	DATE SIGNED
ACTUAL SIGNATURE PHYSICIAN'S	Thereng)	M.D. 16 tireen St		3-13-59
	son Jr., D.	Cumberland	Md.	
220. BURIAL, CREMATION, 22b DATE THEREOF EMOVAL (Specify)	22c NAME OF CEMETERY O	OR CREMATORY 22d. 194	CATION (City, jown, or county)	(State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY REG		



1				MARY	LAND S	TATE DEP	ARTME	NT OF	HEALTH	-BAL	TIMORE,	18	as a Marat
FOR STATE				2509	EDICA	L EXAM	INER'S	CERTI	FICAT	E OF	DEATH	Reg. Dist. N	2570
HEALTH DEPT.	•	PLACE	OF DEATH	Allegany		-	KARYLAND	2. USUAL RE 0 STATE	Md Md	here decease	b COUNT	rhon Residence b	Hore odm as on)
our files. of Health		b CITY OR TOWN if outside corporate m is, write RURAL c LENGTH OF STAY IN 16 end give negreet fewn) Dawson 6 Wks					l I	r town (if o		orote I mits, write	RURAL and g ve	negrest town)	
and direction of for y			ME OF HOSPIT	oole	(If not in hos	pital, give street a	ddress)	/ 3 Mi.	ADDRESS N. Mo	Coole		 .	ON A FAMA
he fune retain ne State er death	3	DECE (Type	OF ASED or print) OB		rst	J.		AYLOR	st 4	DATE OF DEATH	March		Year 19 5 9
f any to the		. SEX		6 COLOR OR RACE	7. MARRIE	D NEVER MA	-				9 AGE (in years fast birthday)	IF UNDER TYEAR	Hours Min
The Section of the Se		Fema		White	WIDOWE	tust		ec. 30,			luk.	4	1. L _
Tond 1 and		during	most of workin	ON (Give kind of work g life, even if retired)	done 10b X	(IND OF BUSINES	S OR INDUST		timore			U.S.	F WHAT COUNTRY?
	1		ER'S NAME	l 7				14. MOTHER'S					
haur m P e pd	-		oy F. T	EN IN U. S. ARMED FO	DOCESS TIA	SOCIAL SECURITY	NO 177 M	FORMANT	ira K.	Moore	Address	of the state	_
Give File		Yes, 80, 61	runhaowa)	[If yes, give war or dates o		JOCIAL SECOND			rlor- F	R.D. 3	, Keyser		
18. 18. 19. With	-	18 0	AUSE OF DEA	TH Enter only one co	use per line	for (o), (b), and (c	art arefe			,	,,		ERVAL BETWEEN SET AND DEATH
along tem			PART I DEAT	H WAS CAUSED BY)	Asphy	siatio	on					LO-15 Min.
in i		5	OBX	DUE TO									
iol-tre			ditions, if o		1	Aspir	ation	of St	omach	con	tents		
in pail to himer's a buri		(0),	stoling the		:)								
Ging Example of as	,	ğ	PART II, OTI	IER SIGNIFICANT CON	Aprile				THE TERMIN	AL DISEASE	CONDITION GI	EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
pen cal cal		CATION				cheo-b		war of hardware factors will be a second				l	YES X NO
word " word " Medial be orial.			EXTERNAL CAU IARY () or COI SE OF DEATH.	ISE WAS NITRIBUTING []	OF DESCRIBI	E HOW INJURY O	CCURRED (E	nter nature of i	njury in Fert I	lor Pertilie	of item 10)		
TER: The State of Chief		20c.	Hour o.m.	Y Month, Doy, Ye	While	Not while of work	focto	E OF INJURY office	(Home, form, s bldg., etc.)	20f. (City	or town)	(County)	(State)
MIN prio		-		at I took charg				ve, held or	Autopsy	A In	spection []	Inquiry [2	and in my
EXA ed to		- 1		resulted from.					, ,				4
fication of the state of the st			/	2 ,	10	-1 7.		,					DATE SIGNED
WED!			NATURE_	Mudi	CE	kita	role		MEDICAL EXA				BALL STOTICS
FRA BERA			ME (Type)	Benedict	Skits	relic,	M.D.		MEDICAL EX	KAMINER [X Marc	h 4, 19	59
A show	7	BUT	AL CREMATIC			Maysvil	EMETERY OR	CREMATORY			ION (City, fown,	or county)	(Stole)
5 5	2	3 FUNE	RAL DIRECTOR	S SIGNATURE	7	ADDRESS			240 REC'D			STRAR'S SIGNATE	IRE
5M 2/57			El	130-al		weste	rnport	, Md.	DATMAR	6 '59	(dr	thun S. Kras	A.
	E	20	4715	1XV5						-			



	1	2550 CERTIFICATE	OF DEATH	0.2571 og. Dist. No.
filed with	M	ALLEGANY · MARYLAND	SUAL RESIDENCE (Where deceased lived. If institution F b. COUNTY MARYLAND	ALLEGANY.
old be		CUMBERLAND MD. 5 DAYS	LA WALE, MARYLAND d. STREET ADDRESS	e. IS RESIDENCE
s 1 and	.	MEMORIAL HOSPITAL MEMORIAL & WARWICK AVES 3. NAME OF PROCESSED. First Middle	Last 4. DATE Manth	Doy Year
ers. Pages		S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DA' FEMALE WHITE WIDOWED DIVORCED AUC	TE OF BIRTH GUST 2,1903 9. AGE (In years IF L	29 19 59 UNDER I YEAR IF UNDER 24 FRS onths Days Hours Min
carbon papers.	deoth.	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) HOUSE Keeper at home	NOTHER'S MAIDEN NAME	12. CITIZEN OF WHAT COUNTRY?
	I	WILLIAM MCFARLAND 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no. gir, unknown) If yes, give more or defeated of services)	MAUDE MICKEY	
5	within 72	NO NOTE MEN 1B. CAUSE OF DEATH [Enter only one couse per line for (o) (b) and (c).] PART I. DEATH WAS CAUSED BY:	MORIAL HOSPITAL CUMBERLAND	MARYLAND INTERVAL BETWEEN ONSET AND DEATH
	d in ony event	Conditions, if ony, which gave rise to immediate cause (o), stoling the under-	work and Hilastolic	Ca. 145
· 0.	remayal, and	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT		IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO
Ę.	ช้	OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE O	F INJURY (Home, farm, 20f. (City or town)	(County) (State)
<u> </u>	ol, crematian,	Hour o. m 19 While Not while of work 21. I certify that I attended the deceased from.	, 19, to, 19,th	nat I last saw the deceased
detache	Tor 10 burion	ative on 19, and that death account actual signature M.D.	urred ab 15 A.M. from the causes and ADDRESS (Street, city or lown, state	an the date stated above. DATE SIGNED
6	D	PHYSICIAN'S MOULD	Clare del Dans O	MO

22c NAME OF CEMETERY OR CREMATORY

Rest Lawn Cemetery

Maryland

ADDRESS

(Stole)

22d LOCATION (City, town, or county)

Maryland

246 REGISTRAR'S SIGNATURE

LaVale

259

240. REC'D BY REGISTRAR

DATE APR 3

MARYLAND STATE DEPARTMENT OF HEALTH PARTIMODE 10

VS A15 [4] 15M 10/57 220 BURIAL, CREMATION, REMOVAL (Specify) BUILDI

23 FUNERAL DIRECTOR'S SIGNATURE

Ruth E. Silcox

22b. DATE THEREOF

Cumberland

4/1/59



FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02572

2560	L EXAMINER S	CERTIFICA	IE OF DEATH	Reg. Dist. No),
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived If Inst	Julion Residence bef	fore admission)
allegany	MARYLAND	o STATE Mary	land b cour	Allega	ny
b. CITY OR TOWN (If outside corpora a limits, write FURA)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporate limits, wr	le RURAL and give n	eorest town)
Cumberland	3/23/59	02 Cumb	erland		
d NAME OF HOSPITAL OR INSTITUTION (If not in hos		STREET ADDRESS			e IS RESIDENT
Memorial Hospital		909	Fayette Stre	et	AEZ NO X
3 NAME OF First DECEASED	M ddle	Last		onth Doy	Year
(Type of print) G YILYM	GUUGH	THUMAS	DEATH March	24	19 59
SEX 6 COLOR OR RACE 7 MARRI	EDE NEVER MARRIED 8.	DATE OF BIRTH	9 AGE (In years	IF JNDER TYEAR	IF UNDER 24 HPS
Male White WIDOWE	D DIVORCED 1	May 22,1900	lost birthday) 58 yr	Months Days	Hours Min.
00 USUAL OCCUPATION (Give kind of work done 10b			-	12 CITIZEN OF	E WHAT COUNTRY?
during most of working file, even if retired) Certified Public Acc. Se	1f Employed	Canasico	e, Wales	USA	
13. FATHER'S NAME	TA DIMPLOYED	14 MOTHER'S MAIDEN I	T IN THE SECOND TO	T ODY	×
		_			
The state of the s	SOCIAL SECURITY NO 17. IN	Laura	Thomas	000 11-	4
(Yes, no, or unknown) (II yes, give was or dates of service)					tte Street
the same of the sa	09-09-0737 Mr.	s. Camille	S. Thomas		d, Marylan
18 CAUSE OF DEATH [Enter only one course per line	for (a), (b), and (c).]			DNSE	EYAC BETWEEN TI AND DEATH
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Acute Hepati	c Failure			24 hrs.
581.0 DUE TO					
Conditions, if ony, which) (b)	Hepatic Cir	rhosis			
gove rise to immediate couse	THE PERSON NAMED IN	- him			med fluor
(c), stoling the underlying couse lost.					
PART II, OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	NAL DISEASE CONDITION C	1	9. WAS AUTOPSY PERFORMED? YES NO CX=
	E HOW INJURY OCCURRED (E	nter noture of injury in Por	t I or Port II of item 18 }		
CAUSE OF DEATH.					
3 20c. TIME OF INJURY Month, Day, Year 20d.	INJURY OCCURRED 20e. FLAC	E OF INJURY (Home, form	n, 120f (City or town)	(County)	(State)
Hour a.m. While		ry, street, office bldg., etc	.)		
21. I certify that I took charge of the		ve. held on Autons	y , Inspection K]. Inquiry X	and in my
		Proc. Proc.	The same of the sa		
opinion death resulted from. Natural	couses [X], Accident [_i, Suicide [i,	Homicide [_]. Unde	termined manne	er 📙
ACTUAL B 1 4 6/1	1 1	Cities inspired	Management (T)		DATE SIGNED
SIGNATURE Denedict Sk	clarely	.M.D CHIEF MEDICAL E	n.m.r		
EXAMINER'S		ASSISTANT MEDIC	V Moss	ch 24, 19	59
NAME (Type) B emedict Skit	arelic, N.D.	DEPUTY MEDICAL	EXAMINE		
220. BURIAL CREMATION, 276 DATE THEREOF	22c NAME OF CEMETERY OR		22d LOCATION (City, low)	n, or county)	(S101e)
Burial 3/26/59	St. Peter & P.	aul Cemeter	y Cumberlan	d, Maryla	nd
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			GISTRAR'S SIGNATUR	RE
John J. Hafer, Cumberl	and, Maryland	DATE	MAR 2 6 '59	arthur S. Ho	and.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is rexecute the certificate, writing the ward "pending" in pencil in them, 18. Give Pages 1, 2, and 3 to the funeral 4 should have envireded to the Chief Medical "xominer's Office "long with farm PMT. Page 5 may be retain 10 FUNER." XECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, ar removal, and in any event fithin 22 hours after death. VS A15ME 5M 2 57



tem 1 Film 240 FATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINED'S CEPTIFICATE OF DEATH

					Reg. Dist. No	o.
Allegany		2. USUAL I	Maryland	ned lived. If institut b. COUNTY	ion. Residence be	fore admission)
rn)			_			nearest town)
				2001111	· · · · · · · · · · · · · · · · · · ·	# IS P' , DEN'
		11 6	4, Box 26	4, Cumber	land,Md	CORL & EACH
First			OF	Month		Yeor
	<u> </u>			inated	1	19.59 LIE LINDER 24 HI
White v	VIDOWED DIVOR	ED Dec. 20	, 1958	fort birthday}	Jamo Soys	Hours Min.
ION (Give kind of work doing life, even if retired)	ne 10b. KIND OF BUSINESS				12. CITIZEN O	F WHAT COUNT
		14. MOTHER	'S MAIDEN NAME		7	
F. Ward		Rho	da Ritch:	ie		
YER IN U. S. ARMED FORC	ES? 16 SOCIAL SECURITY none					nd
underlying DUE TO (c) HER S'GN FICANT CONDIT	Gastro-	enteritis,	Non Speci	fic		9. WAS AUTOPS PERFORMED? YES NO
JRY Month, Day, Year	While Not while	foctory, street, otti	(Home, farm, 20f (Cit	y or lown)	(County)	(State
hat I took charge o	f the remains descri	والماليا ويتماك المحمل	477			, and in m
	It outside corporate limble, write B Oldtown, M TAL OR INSTITUTION (IF of the corporate limble, write B THOMAS 6. COLOR OR RACE White TON (Give kind of work doining life, even if retired) For Ward VER IN U. S. ARMED FORCE If yes, give wor or dotes of sent limble life, even if retired) ATH [Enter only one course at the WAS CAUSED BY: IMMEDIATE CAUSE (6) Only, which edicate course underlying OUE TO CONTRIBUTING COLOR UNISE WAS ONTRIBUTING COLOR JRY Month, Day, Year 19	It outside corporate limbs, write BURAL Oldtown, Md. 3 mos TAL OR INSTITUTION (If not in hospital, give street according to the property of	Allegany Allega	Allegany MARYLAND OSTATE Maryland C. LENGTH OF STAY IN 1b C. CITY OR TOWN [if outside co Xiural, nr. Ulc Xiural, nr. Vic Xiural, nr. Vice Xiural, nr. Vice Xiural, nr.	Allegany MARYLAND O. STATE Maryland b. COUNT If equived experiete limits, write BURAL O. CITY OR TOWN [if outside corporate limits, write C. CITY OR TOWN [if outside corporate limits, write C. CITY OR TOWN [if outside corporate limits, write C. CITY OR TOWN [if outside corporate limits, write C. CITY OR TOWN [if outside corporate limits, write C. CITY OR TOWN [if outside corporate limits, write C. CITY OR TOWN [if outside corporate limits, write C. CITY OR TOWN [if outside corporate limits, write C. CITY OR TOWN [if outside corporate limits, write C. CITY OR TOWN [if outside corporate limits, write C. CITY OR TOWN [if outside corporate limits, write C. CITY OR TOWN [if outside corporate limits, write C. CITY OR TOWN [if outside corporate limits, write C. CITY OR TOWN [if outside corporate limits, write C. CITY OR TOWN [if outside corporate limits, write C. CITY OR TOWN [if outside corporate limits, write C. CITY OR TOWN [if outside corporate limits, write C. CITY OR TOWN [if outside corporate limits, write C. CITY OR TOWN [if outside corporate limits, write C. CITY OR TOWN [if outside corporate limits, write Month ATAL OR INSTITUTE Month Month Month Month Month Maryland I. STREET ADDRESS Rt. 4, Box 264, Cumber Month Maryland PATE Month Maryland I. STREET ADDRESS Rt. 4, Box 264, Cumber Month Maryland I. STREET ADDRESS Rt. 4, Box 264, Cumber Month Maryland I. STREET ADDRESS Rt. 4, Box 264, Cumber Maryland I. STREET ADDRESS Rt. 4, Box 264, Cumber Maryland I. AGE in year Month Maryland I. BERTHPLACE (Stole or foreign country) Cumberland, Maryland I. Monthers Maide or foreign country) Cumberland, Maryland I. Monthers Maide or foreign country II. BIRTHPLACE (Stole or foreign country) Cumberland, Maryland I. Monthers Manden Rt. 4, Box 264, Cumberland ATAL CR STREET ADDRESS Rt. 4, Box 264, Cumberland Maryland I. Monthers Manden I. Monthers Maryland I. Monthers Maryland	C. LENGTH OF STAY IN 16 C. LENGTH OF STAY IN 16 C. CITY OR TOWN [If outside corporate limits, write RURAL and give in Old town, Md. 3 mos Xiural, nr. Uldtown, Md. Xiural, nr. Uldtown, Month North Nort

4 should to FUNED **VS. A15ME** 5M 2'57

0

DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is no xecute the certificate, writing the ward "pending" in pendit in them. 18. Give Pages 1, 2, and 3 to the funeral should by provided to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for NNEX.

PUNEX.

RECTOR: Page 3 should be used as a burial-transit permit. File pures I and 2 with the Statutis of a death.

removel, and in any



Reg. Dist. No.

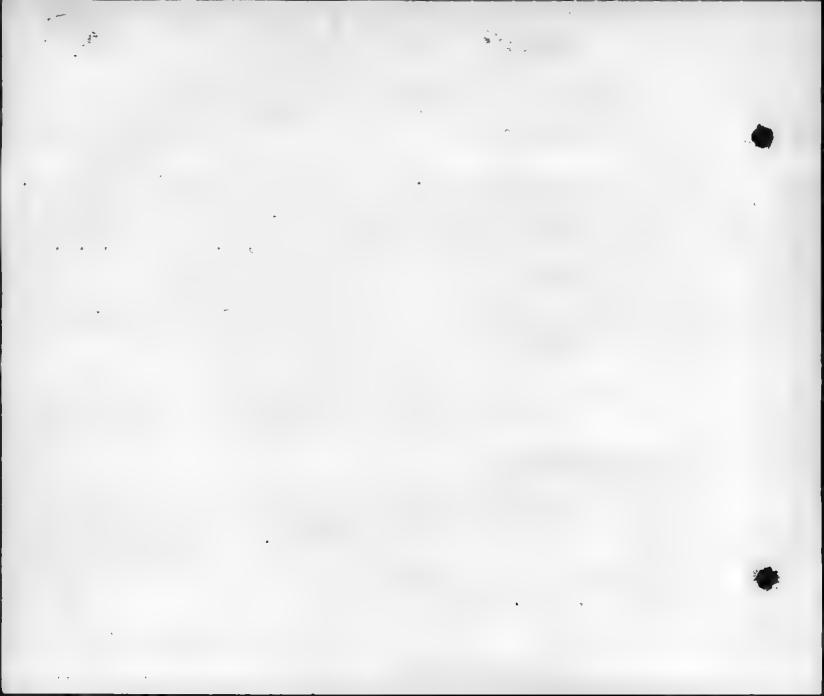
ALLEGANY

b. COUNTY

may be retained by
TO FUNERAL DESC

VS A15 (4) 15M 10/57

1	1	b. CITY OR TOWN ((If outside corporate fimi	its, write	c. LENGTH OF STAY	r IN 16	c CITY OR TOWN (If	outside corporati	hmits, write RI	JRAL and give n	earest tow	n)
		CUMBER!	LAND		2 DAYS		CO . CUMBEI	RLAND				
		OR INSTITUTION	TALMEMORT'ALL S	HOSP'I	odckops)		d STREET ADDRESS				e IS RES	SIDENCE FARM?
0	L		& MEMORIAL				4 GRA	ND AVEN	JE			NO TY
	3.	NAME OF DECEASED	Fir	151	Middle	.	Lost	4 DATE	Mon	lh (Day	Year
		(Type or print)	ELI	ZABET	H V.		WELCH	OF DEATH	MAR	S HC	3.	19 59-
	5. 5	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARR	IED B.	DATE OF BIRTH	9	AGE (In years	IF UNDER 1 YEA		4.4
	F	FEMALE	WHITE	WIDOWE	D DIVORCE	50 🔲	SEPTEMBER I		42 yrs	Months Doys	Hours	Min
	100	USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDUSTR	Y 11. BIRTHPLACE (Slote	or foreign coun	try)	12 CITIZEN	OF WHAT	COUNTRY?
		Clerk	rking life, even if retired		Variety (Store	CUMBERL	AND MO.		1	S. /	A .
	13.	FATHER'S NAME			<u> </u>		14. MOTHER'S MAIDEN				, ,,	1.0
		RUSSEL	L STEWART			i	BESSIE	P. MI	LLER			
	15.	WAS DECEASED EVE	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO). 17. INF	DRMANT	I a Ditt	Addr	ess		
	i .	no or unknown)	(If yes, give wor or dates of s		14-05-79	N DI	EMORIAL HOS	PITAL -	CLIMBERI	AND, ME	1.	
			ATH [Enter only one co				ELIOTIAL TIOS		001704111		ITERVAL BE	TWEEN
			ATH WAS CAUSED BY:		men		tes In	10			NSET AND	
		340.0	IMMEDIATE CAUSE (o			8	The Lagrange	The contract of the contract o	30-		300	2
		Condition 15		,						12	2.	
		Canditions, if a gave rise to i	mmediate								/	
		couse (o), slating lying couse last.										
	z		HER SIGNIFICANT CON		ONTRIBUTING TO DE	ATH BUT NO	OT RELATED TO THE TERM	INIAI DISCASE C	ONDITION CIV	Chi thi BADT 1/a1	10 WAS	ALITORCY
1	ATIO	12.7 01	THE STORM PERMIT	01110143	ONTRIBOTINO TO DE	<u> </u>	OF RELATED TO THE TERM	HAVE DISEASE C	ONDITION GIV	EN IN PART 1(0)	PERFC	RMED?
	CERTIFICATION	20g ACCIDENT W	AS UNDERLYING []	20b DESC	PIRE HOW INJURY O	CCURRED	(Enter nature of injury in	Port Lor Port II	of item 18 t		T 1E2	но 🗆
	CERT	OR CONTRIBUTING	CAUSE OF DEATH	200. 0130	LAIDE FION HOOK!	ACCORNED.	(Cities motore of inforty in	1001101101110	or them 10 j			
		20c. TIME OF INJUI		pr 20d Ib	JURY OCCURRED	20a PLAC	E OF INJURY (Home, form	20/ JCiby or	leve)	10		164-1-1
	MEDICAL	Hour o.m.	19	While	Not while	facto	y, street, office bldg., atc	(a) { Zor. (City or	rown	(Count	7)	(Stole)
	×	p. m.			ol work							
		21. I certify th	nat I attended the	decease			1959, to 5					
		alive an_77	lar. 8	, 19 🚉	,,, and that	death a	ccurred at2:42_l				ate state	ed abave.
		ACTUAL /	Faces		×			ADDRESS (Street		1 1	7 -Z	ATE SIGNED
}		SIGNATURE	recy.	00	LULLY	M.	2.36 14.	Cur C	dear	arland	2	5/57
		PHYSICIAN'S								()		
		NAME (Type)	DR. CLAY									
	220	 BURIAL, CREMATIC REMOVAL (Specify) 	ON, 226. DATE THEREC		22c NAME OF CEN				N (City, town, o		[Stot	e)
		Burial	Mar.11	, 195		rest	Burial Pk		berlan			
	23.	FUNERAL DIRECTOR		7.4	ADDRESS	nd I	K m	D BY REGISTRAL		TRAR'S SIGNAT		
		James F	. Scarpel	119	Cullib, 119	1149 11	DATEMA	R 1 3 '59	C'nt	hung S. Hea	u.A.	



V5 A15 (4) 15M 10/57

23 FUNERAL DIRECTOR'S SIGNATURE

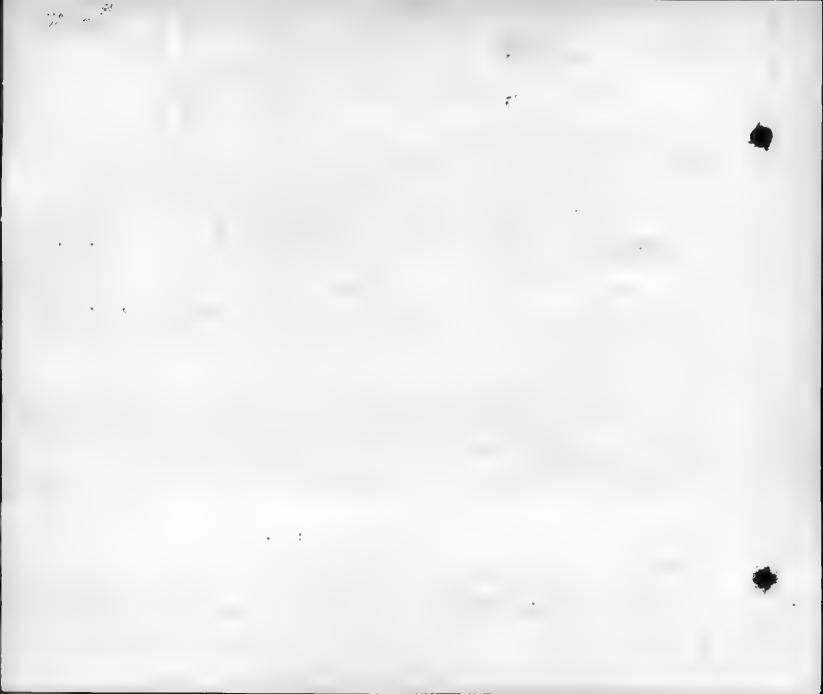
	100	62	CERT	IFICA	TE OF DEATH	1		Reg. Dist.		175
	LEGANY		MAR	TI.	- CTATE		4	Residence	before admi	ssion)
RURAL and give nee	JMBERLAND		10 DAYS		•	•	rote limits, write RU	RAL and give	nearest for	vn)
					d. STREET ADDRESS Rockus	sod 1	Qy#3	2	ON	A FARM?
DECEASED	ALBE	RT	J		WE YAND	4, DATE OF DEATH			Day 3	Yeor 19 59
MALE	WHITE	WIDOWED	DIVORCI	0 🗆	NOVEMBER I	7	19 yrs			
during most of works	N (Give kind of work on the life, even if relired)	lone 10b. K	IND OF BUSINESS (OR INDUST	PENNS	YLVAN		12. CITIZE		
	.,				ELIZA		HOWARD			
			5-16-947			TAL			MD.	
Conditions, if on gove rise to in couse (a), stoling to lying couse lost.	H WAS CAUSED 8Y: IMMEDIATE CAUSE (o DUE TO y. which mediale he under- (c)		ertyn, z	ales					ONSET AN	D DEATH
200 ACCIDENT WAS	UNDERLYING D	- > [7	11.	t', 1.		· 1Z.		PERF	ORMED?
20c. TIME OF INJURY Hour a.m. p. m.	Month, Day, Yea	While	Not while	20e. PLAC	CE OF INJURY (Home, form bry, street, office bldg , etc	20f (City	or tawn)	(Cou	mly)	(State)
		12	and that	death o	occurred at 4:30F	M, fran ADDRESS (S	n the causes ar	d on the	date sta	ted abay
	COUNTY AL COUNTY ANAME OF HOSPITA OR INSTITUTION MEMORIAL A NAME OF HOSPITA OR INSTITUTION ACTUAL ANAME OF HOSPITA OR COUNTY ACTUAL ACTUAL COLUMN ACTUAL ACTUAL COLUMN ACTUAL	ALLEGANY COUNTY ALLEGANY COUNTY ALLEGANY COUNTY ALLEGANY COUNTY ALLEGANY COUNTY ALLEGANY COUNTY RURAL and give nearest town! COUMBER LAND COUNTY COUNTY COUNTY MEMORIAL AND WARWICH NAME OF DECEASED (Type or print) SEX ALBE COLOR OR RACE WHITE USUAL OCCUPATION (Give kind of work of during most of working life, even if relired) FATHER'S NAME ALBERT WE WAS DECEASED EVER IN U. S. ARMED FORE TO OR UNKNOWN! (If yes, give wor or date of st IMMEDIATE CAUSE OF DUE TO Conditions, if any, which gove rise to immediate couse (a), stoting the under- lying couse lost. PART II. OTHER SIGNIFICANT CON PART III. OTHER SIGNIFICANT CON PART II. OTHER SIGNIFICANT CON PART III. OTHER SIGNIFICANT CON PART II. OTHER SIGNIFICANT CON PART III. OTHER SIGNIFICANT CON PART II. OTHER SIGNIFICANT CON PART III. OTHER SIGNIFICANT CON PART II. OTHER SIGNIFICANT CON PART III. OTHER SIGNI	ALLEGANY COUNTY ALLEGANY COUNTY ALLEGANY COUNTY ALLEGANY CITY OR TOWN (if outside corporole fimits, write RURAL and give nearest fown) CUMBER LAND CUMBER LAND COMBER LAND CONTROLL AND WARWICK AVEN MAME OF DECEASED TOPECEASED Type or print) SEX ALBERT COLOR OR RACE ALBERT WIDOWED ALBERT WIDOWED WAS DECEASED EVER IN U. S. ARMED FORCES? The or unknown) The course of DEATH [Enter only and course per line PART I. DEATH WAS CAUSED 89: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate course (o), stoting the underlying course lost. PART II. OTHER SIGNIFICANT CONDITIONS CO OR CONTRIBUTING DICENSIFY AND CONTRIBUTING COUNTRIBUTING COUN	ALLEGANY ALLEGANY ALLEGANY CITY OR TOWN (if outside corporole fimits, write RURAL and give nearest town) CUMBER LAND IO DAYS C. LENGTH OF STAY IO DAYS Middle Middle Middle Middle MIDOWED MITE WIDOWED MIDOWED MID	ALLEGANY ALLEGANY ALLEGANY ALLEGANY CITY OR TOWN (if outside corporole limits, write RURAL and give necest lown) CUMBERLAND CUMBERLAND CUMBERLAND CUMBERLAND CUMBERLAND CUMBERLAND CUMBERLAND CUMBERLAND CUMBERLAND COR INSTITUTION MEMORIAL HOSPI address) OR INSTITUTION MEMORIAL HOSPI address) OR INSTITUTION MEMORIAL HOSPI address) MAME OF DECEASED (Type or print) EXX O COLOR OR RACE WIDOWED COUVER MARRIED USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if relired) WAS DECEASEDEVER IN U. S. ARMED FORCES? (If you, give wor or date of service) IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONDITIONS (b). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHEY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 21. I certify that I attended the deceased from COLOR OF TOWN OF STAY IN 15 CUMBERLAND CLENGTH OF STAY IN 15 CLENGTH OF STAY IN 15 ALBERT MIDDIANE CLENGTH OF STAY IN 15 MIDDIANE CLENGTH OF STAY IN 15 Middle DIVORCED B. MIDDIANE ALBERT J. MIDDIANE MIDDIANE ALBER	ALLEGANY ARRIED NOTWORCED D. DATH MOUNTRY ALLEGANY ALLEGANY ALLEGANY ALLEGANY ALLEGANY ALLEGANY ALLEGANY ALLEGANY ALLEGANY ARRIED NOTWORCED D. DATH BUT NOT RELATED TO THE TERMING TO DEATH BUT NOT RELATED TO THE TERMING TO THE TERMIN	ALLEGANY ALLEGANY CITY OR TOWN (if outside corporole limits, write RURAL and give necessal form) CUMBERLAND CITY OR TOWN (if outside corporole limits, write RURAL and give necessal form) CUMBERLAND LO DAYS CITY OR TOWN (if outside corporole limits, write RURAL and give necessal form) COUNDERLAND LO DAYS C. CITY OR TOWN (if outside corporole limits, write RURAL and give necessal form) ROCKWOOD A. NAME OF HOSPITAL (LEgalach paperole), give Not Strate PENNSYL VAN DEATH CORE INSTITUTION (LEgalach paperole), give Not Strate PENNSYL VAN DEATH CORE INSTITUTION (LEgalach paperole), give Not Strate PENNSYL VAN DEATH COLOR of RACE POPEN DEATH (LEGALACH PAPEN DEATH COLOR OF RACE POPEN DEATH COLOR OF RACE POPEN DEATH (LEGALACH PAPEN DEATH PAPEN	A LLEGANY CUNDERLAND CUMBERLAND CUMBERLAND CUMBERLAND CUMBERLAND COMBERLAND COMBERLAND COMBERLAND COMBERLAND COMBERLAND COMBERLAND COMBERLAND COMBERLAND COMBERLAND A LEGAR POPULO COMBERLAND COMBERLAND COMBERLAND A LEGAR POPULO COMBERLAND A LEGAR POPULO COMBERLAND COMBERLAND A LEGAR POPULO COMBERLAND COMBERLAND A LEGAR POPULO COMBERLAND A LEGAR POPULO COMBERLAND A LEGAR POPULO COMBERLAND COMBERLAND COMBERLAND A LEGAR POPULO COMBERLAND COMBERLAND COMBERLAND COMBERLAND COMBERLAND A LEGAR POPULO COMBERLAND COMBE	DECEASE OF DEATH [Enter only one course per line for (a), (b), and (c). The Country of Town, if only the course of the only one course per line for (a), (b), and (c). The Country of the only one course per line for (a), (b), and (c). The Country of the only one course per line for (a), (b), and (c). The Country of the only one course per line for (a), (b), and (c). The Country of the only one course per line for (a), (b), and (c). The Country of the only one course per line for (a), (b), and (c). The Country of the only one course per line for (a), (b), and (c). The Country of the only one course per line for (a), (b), and (c). The Country of the only one course per line for (a), (b), and (c). The Country of the only one course per line for (a), (b), and (c). The Country of the only one course per line for (a), (b), and (c). The Country of the only one course per line for (a), (b), and (c). The Country of the only one course per line for (a), (b), and (c). The Country of the only one course per line for (a), (b), and (c). The Country of the only one course per line for (a), (b), and (c). The Country of the only one course per line for (a), (b), and (c). The Country of the only one course per line for (a), (b), and (c). The Country of the only one course per line for (a), (b), and (c). The Country of the course (b), and the only one course per line for (a), (b), and (c). The Country of the course (b), and the course (b). Th	ALLEGANY ALLEGANY MARYLAND C. CITY OR TOWN If outlode corporote limits, write c. LENGTH OF STAY IN 1B CUMBERLAND C. CITY OR TOWN If outlode corporote limits, write PENNSYLVANIA C. CITY OR TOWN If outlode corporote limits, write BURAL and give neorest town ROCKWOOD C. CITY OR TOWN If outlode corporote limits, write BURAL and give neorest town ROCKWOOD C. CITY OR TOWN If outlode corporote limits, write BURAL and give neorest town ROCKWOOD C. CITY OR TOWN If outlode corporote limits, write BURAL and give neorest town ROCKWOOD C. CITY OR TOWN If outlode corporote limits, write BURAL and give neorest town ROCKWOOD C. CITY OR TOWN If outlode corporote limits, write BURAL and give neorest town ROCKWOOD C. CITY OR TOWN If outlode corporote limits, write BURAL and give neorest town ROCKWOOD C. CITY OR TOWN If outlode corporote limits, write BURAL and give neorest town ROCKWOOD C. CITY OR TOWN If outlode corporote limits, write BURAL and give neorest town ROCKWOOD C. CITY OR TOWN If outlode corporote limits, write BURAL and give neorest town ROCKWOOD C. CITY OR TOWN If outlode corporote limits, write BURAL and give neorest town ROCKWOOD C. CITY OR TOWN If outlode corporote limits, write BURAL and give neorest town ROCKWOOD C. CITY OR TOWN If outlode corporote limits, write BURAL and give neorest town ROCKWOOD C. CITY OR TOWN If outlode corporote limits, write BURAL and give neorest town ROCKWOOD C. CITY OR TOWN If outlode corporote limits, write BURAL and give neorest town ROCKWOOD C. STREET ADDRESS. A. DATE MARCH ROCKWOOD A. STREET ADDRESS. A. DATE MARCH ROCKWOOD A. STREET ADDRESS. ROCKWOOD A. DATE MARCH ROCKWOOD A. D

246 REGISTRAR'S SIGNATURE

arthur S. Krous

24a. REC'D BY REGISTRAR

DATE MAR 1 1



ARYLAND	STATE DEPARTMENT	OF HEALTH-	BALTIMORE,	14
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02576

		25	63	CERTIF	ICA	ATE OF DEATH			Reg. Dist.	No.) 4 13
	ACE OF DEATH COUNTY ALLEGANY			MARYL	AND	2. USUAL RESIDENCE (Who	GINIA	b. COUNTY		before odmi	ision)
	CITY OR TOWN (If autside RURAL and give neorest low		ls, write	c. LENGTH OF STAY I	N 1b	c CITY OR TOWN (If ou	Iside corpo	rate limits, write RU	RAL and giv	re negresi low	m) V
	CUMBERLAND	11)		23 DAYS		RIDGELE	Υ		CX	:	
d.	NAME OF HOSPITAL (IF MOS OR INSTITUTION AL HO	spital, g	ive street	oddress)		d. STREET ADDRESS	N STR	EET		ON	S DENCE A FARM? NO (X)
	ME OF CEASED	Fir	st	Middle		Lost	4. DATE OF	Month)	Day	Year
	pe or print)	GEF	RTRUD	E MAE		WHEELER	DEATH	MAR	CH	26	1959
5. SEX		OR OR RACE	7 MARR	DIVORCED		DECEMBER 23,	1881	4 4 4 4 4 4		YEAR IF UNE	
10a. L	ISUAL OCCUPATION (Give luring most of working life,	kind of work of	done 10b.	KIND OF BUSINESS OF	INDUS	TRY 11. BIRTHPLACE (Stole o	or foreign co	ountry)	12. CITIZ	EN OF WHA	T COUNTRY?
	HOUSEWIFE			OWN HOME		OH10 GREE	NRR I	ER, CO.	U.	S.A.	
	URIAH SAVIL	LE				ROSE WEIGH	LE				
	AS DECEASED EVER IN U. S o or unknown) (If yes, given NO	. ARMED FOR	ervice	social security no No ne		NFORMANT EMORIAL HOSPI	WARW	CUMBERLA	ORIAL ND, M	A VE NUI	E
11	PART 1. DEATH WAS IMMEDI		, A		Lnor	na of colon				ONSET AN	ears!
	Conditions, if ony, which gave rise to immedial cause [a], stoting the underlying couse lost.	e Courto									
CERTIFICATION	PART II. OTHER SIGN			ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERMIN	NAL DISEASI	E CONDITION GIVE	N IN PART	PERF	AUTOPSY ORMED?
	OB. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS FEITHER, NOTIFY MEDICAL	E OF DEATH	20b. DES	CRIBE HOW INJURY OC	CURRE). (Enter nature of injury in Pa	art I or Pari	I II of item 18)			
MEDICAL	Haur a. m. p. m.	h, Doy, Yes 19	While of work	Not while		ACE OF INJURY (Home, farm, tory, street, affice bldg., etc.)		or town)	(Co	unty)	(State)
	1. I certify that I at	ended the	decease	ed fram $2 = \frac{2}{9}$, and that	_30. death	accurred at 11+10	= [2] PM, fran	6, 19 <u>_59</u> n the causes an	that I la	ist saw the	deceased
	CTUAL Reg	26.	13	alles.		M.D. 62 Green		,,,	ofe)	2	-28-5
N	HYSICIAN'S HAME (Type) DR.	RALPH		IN		Cumberla	nd, l	Md.			
22o. B	URIAL, CREMATION, 22b.	DATE THEREC	F	22c NAME OF CEME	TERY O	R CREMATORY	22d LOCAT	TION (City fown, or	county)	(Sto	ile)

Hillcrest ADDRESS

VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

CHARLES L. GEORGE, CUMBERLAND, MD.

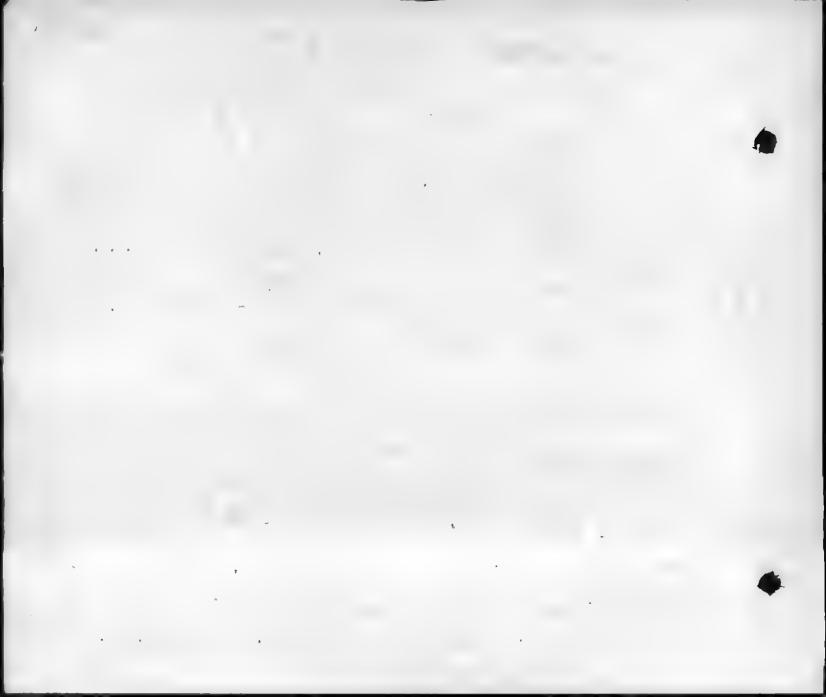
Burial

herland, Md.

Cumberland

240. REC'D BY REGISTRAR DATE MAR 3 0 '59

Cirthun S. Kraus



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

B	9	-	17	14
-13	6	7	6	6

- 95	C.I.					Reg. Dist. N	Vo .	
1. PLACE OF DEATH	04		2. USUAL RESIDENCE	Whara deceasad	lived, If institution	n Res donce l	pefore admiss	iion)
* COUNTY Allegany		MARYLAND	o STATE Mary	land	b. COUNTY	Alleg	any	
b. CITY OR TOWN III outside corporati	e I m is, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (f outside carpor	ote Emits, write R			n)
Cumberland		21 yrs.	Cum	perland	l			
d NAME OF HOSPITAL OR INSTIT	IUTION (If not in hospil		d STREET ADDRESS					IDLMILL FARM
Memorial Ho	spital_		182	Thomas	Stree	t	YES 🗆	
3. NAME OF DECEASED	First	Middle	Last	4 DATE OF	Month	Da	y Yes	97
(Type or print) THON	IAS WARD	WHI	TE	DEATH	March	8	19	59
5. SEX 6. COLOR (OR RACE 7 MARRIED	NEVER MARRIED	B DATE OF BIRTH	9	Earl Scrattering	FUNDER TYEA		
Male Whi	te WIDOWED	DIVORCED	July 10,13	37	21 711	Months Days	Heura	Min.
10a USUAL OCCUPATION (Give kind during most of working life, even i	Lof work dans 10b, Kit Fretired)	ID OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State	or foreign cour	nlry)	12 CITIZEN	OF WHAT C	OUNTR
Student		gh School	Cumber1	and, Mo		US	A	
13. FATHER 5 NAME			14. MOTHER'S MAIDEN	NAME				
Carl R. Wh			Lat	ira N.	Troxel	L		
15. WAS DECEASED EYER IN U. S. A [Yes, no, or unknown] 1	RMED FORCES? 16 SC	OCIAL SECURITY NO 17	INFORMANT		Address			
no		none M	r. Carl R.	White,	Cumber	claud,	Md.	
18. CAUSE OF DEATH Enter on		r (a), (b) and (c)				Or N	TERVAL BE WEEK	rt
PART I, DEATH WAS CAU		conary Occl	usion				l Hr.	
420,1	DUE TO							
Canditions, if any, which)	(b) CO	ronary Athe	rosclerosi	S				
gave rise to immediate couse (DUE TO							
couse lost.	(c)							
PART II. OTHER SIGNIFIC	ANT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INALDISEASE C	ONDITION GIVE	V IN PART 1(a)	19, WAS AL	
3								NO 🗌
PART II. OTHER SIGNIFICATION OF THE PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	206 DESCRIBE	HOW INJURY OCCURRED (Enter nature of injury in Pa	rt (ar Port if of	itom 18)			
0	, ,		CE OF INJURY (Home, for		town)	(County)		(State)
Hour c. m.	19 While	Not while fac	tary, street, office bldg., et					
21. I certify that I taak	charge of the re	mains described abo	ove, held an Autop	y Dr. Ins	pection [7].	Inquiry [and	in m
opinion death resulted f			_	Hamicide [7	nined man		
0	- 4 8	/						
SIGNATURE Devel	dictOk	Marele	M.D. CHIEF MEDICAL E	XAMINER []			DATE SIG	SNED
	- ,		ASSISTANT MEDIC					
NAME (Type) Bane	dict Skit	arelic, M.D	DEPUTY MEDICAL	EXAMINER	Marc	h 18	1959	
220 BLR AL CREMATION, 226 DAT		CONAME OF CEMETERY OF		22d LOCATIO	IN [City, tawn, as		(State)	
Burial 3-1	1-1959	Hillcrest 1	Burial Park	Cumb	erland,	Md.		
23 FUNERAL DIRECTOR 5 SIGNATUR		ADDRESS		D BY REGISTRA		RAR'S SIGNAT	URE	
James F. Sca	rpelli, C	umberland,	Md. DATMA	R 1 0 '59	anth	n & the	hd	
								-

VS. A15ME BM 2157



VS ATSME 5M 2 57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

A	ŋ	7	7	O
17	4	7	?	-

	-256	5							Reg	. Dist. No		
I PLACE OF DEATH	7500	J			2 USUAL RESID	ENCE (W	here deceos	ed lived. If in	stilut on Re	sidence bel	ore admi	ission)
COUNTY A	llegany		N	MARYLAND	O STATE	Mary	land	ь со	UNTY	Alle	gany	7
b CITY OR TOWN (1	outside corporate limits write	RURAL	c. LENGTH OF S	STAY IN 16	c CITY OR TO	OWN (If	antide corp	porote limits, s	2 Apr.			
	rland	_			↑ 2 Cumi	berl	and					
d NAME OF HOSPIT	AL OR INSTITUTION (f not in hos	pital, give street or	ddress)	j d STREET AD	DRESS					e IS RE	A FARM?
Memoria	1 Hospit	al			108 W	.Thi	rd S	t.			YES [NOX
3 NAME OF DECEASED	Fire	LŤ.	Middl		Lost		4 DATE OF	A	ńonth	Doy	Y	ear
(Type or print)	FRANC		Emily		CKARD		DEATH	Ma:	rch	.3 .,	1	259
5. SEX	6. COLOR OR RACE	1				100	2	9 AGE (In yet lout buthday) 55	Month	DER TYEAR	Hours	ER 24 HRS
F'emale	W	WIDOWEL			uly /	190			-			L
	ig life, even if retired)				+ _				12	CITIZEN O		
Dishwash	ier	K	estaura			stbu	- M	Md.	1	U . 1	S.A.	
13. FATHER S NAME Samue	el T. Mean	r s			I4. MOTHER'S M M a			Reese	>			
15 WAS DECEASED EV			SOCIAL SECURITY	NO 127 668	ORMANT			5.5	frou	70	m b o z	Inni
	(If yes, give war ar dotes of		13-24-7			W.	Wick	1 7 /			St.	land, Mo
	TH [Enter only one cou	ise per line	for (o), (b), and (c)).]		^				INTER	TYAL BUTWE	EN ATH_
1	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)]	Intracer	rebral	Hemor:	rhag	0				15	day:
33/X	DUE TO											
Conditions, if a		ŀ	lyperter	asion	and Sc.	lero	sis				met e	ar and
gave rise to immed	NA WING 4											
couse lost.) (c)					-				1_		
PART II, OTH	HER SIGNIFICANT CON	DITIONS CC	INTRIBUTING TO D	DEATH BUT NO	T RELATED TO TI	HE TERMIN	NAE DISEAS	£ CONDITION	GIVEN IN	- 1	9. WAS PERFO YES Y O	PMED2
PART II, OTH	USE WAS NTRIBUTING [] 20	b DESCRIBI	E HOW INJURY OF	CCURRED (En	er noture of inju	ry in Port	For Part II	of item 16.]	alan antarana			
- 1		or 20d i	INJURY OCCURRED	B 20e PLACE	OF INJURY (He	me, form.	20f fCity	(awat va v		(County)		(State)
Hour o.m.	18	While	Not white_	fector	y, street, office b	ildg., etc.)	1			(411.);		()
	nat I toak charge		rk ot work		a hald on d	Automen	<u> </u>		Te las			al de con
			-					nspection		uiry X		d in my
opinian death	resulted from: 1	ADIOLOI (Jugoes IXI, A	recident [j, sviciae	Lab, 17	lomicide	L, Und	letermine	u manne		
ACTUAL SIGNATURE	Senedi	cts	Kitar	elic	M.D.		AMINER 🔲				DATE S	HBNED
EXAMINER'S							L EXAMINE	_				
NAME (Type) B	enediat S	kita			-		XAMINER [TY THE	rch 3			7
220. BURIAL, CREMATIC REMOYAL (Specify)			22c NAME OF CE		REMATORY			ion (city, to			(Siete a n d	a)
Burial 23 FUNERAL DIRECTOR	3/5/59		Sunset	Memor	ial Pa		BY REGIST		EGISTRAR'S			
H. Wayn	e George	Cum	berland	, Md.				59				
						DATE MA	JK O	23	aring	D. The	u.a.	



VS A1S (4) 1SM 10/S7

MARYLAND STATE-DEPARTMENT OF HEALTH-BALTIMORE, 18

CENTIFICATE OF DEATH

0500

02579

	2006	CERTIFIC	AIE OF DEAIR	1	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	Allegany	MARYLAND		rere deceased lived. If institution yland b. COUNTY	on Residence before odmission) Allegany
RURAL and give ne	Cumberland	4 yrs.10mo	1 \ / _	oulside corporote limits, write R saptown	URAL and give nearest lown)
d NAME OF HOSPIT. OR INSTITUTION	At (If not in hospital, give street Sylvan Retrea:		d. STREET ADDRESS		e. IS RES DENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Find Charles	Middle William	Wigfield	4. DATE Mon OF DEATH Marc	
s. sex Male	6. COLOR OR RACE 7. MARR WIDOWS	D DIVORCED	9/30/80	9. AGE (In years lost birthday) 78 yrs	Months Doys Hours Min
Stone Quai	ON (Give kind of work done 10b ung life, even if retired) rry - Miner	freatring	USTRY 11 BIRTHPLACE ISlole Maryland	ar fareign country)	U.S.A.
13. FATHER'S NAME	lijah Wigfield		14. MOTHER'S MAIDEN N	Elizabeth W	atson
15. WAS DECEASED EVER	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	Styl ven	Petral (Level IN &
PART I. DEAT	TH [Enler only one couse per lir TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	fe for (o), (b), and (4).]	Lary Sel	Crows	INTERVAL BETWEEN
Conditions, if an gove rise to in	nmediate (450 Gen	eral arto	riescleros	3
couse (a), stating I lying couse lost.	the under- DUE TO	792 (Kro	nie Ty	Skrikes	3,
CAT	BC4 Selle	le pouc	homo.		EN IN PART I(o) 19. WAS AUTOPS PERFORMED? YES NO [
	S UNDERLYING 20b. DESC CAUSE OF DEATH MEDICAL EXAMINER)	RIBE HOW/NURY OCCURI	ED. (Enler noture of injury in P	ort I or Parl II of item 18.)	
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year 20d IN While 19 of work	Not while	LACE OF INJURY (Home, farm, actory, street, affice bldg., etc.	20f. (City or town)	(County) (Stat
21. I certify the	at Lattended the decease	7	3 , 19.5 // , ta // h accurred at & A	M. from the causes a	Ithat I last saw the decea
ACTUAL SIGNATURE	James E.	melian		ADDRESS (Street, city or town,	
PHYSICIAN'S NAME (Type)	James E. McLear	n, M.D.	49 Greene	St., Cumberl	and, Md.
220 BUR AL, CREMATION REMOVAD (Specify)	126. DATE THEREOF	72c. NAME OF CEMETERY Fallsymus C	or Crematory	22d LOCATION (City, town, o	r county) (Store)
23. FUNERAL DIRECTOR'S	A Lein, nc.	ADDRESS Cumber Of	240. REC'D		TRAR'S SIGNATURE



VS A1S (4) 15M 10/S7

MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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CERTIFICATE OF DEATH

0258n

4367	GEICH I GA	TIE OF BEFTI		Reg. Dist	. No.
PLACE OF DEATH O. COUNTY	MARYLAND	2 USUAL RESIDENCE (Who o. STATE	, b. C	DUNTY	
b CITY OR TOWN (If auts de carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If o		Aller , write RURAL and gi	
Cumberland	24 days	Z. Mt.	Savage		
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	ddress)	d STREET ADDRESS	Davage.		e. IS RESIDENCE ON A FARM?
Sacred Heart H		<u> </u>			YES NO
3. NAME OF First DECEASED (Type or print)	Middle	Wilfong	4. DATE OII DEATH	Month March	26 19 50
		8. DATE OF BIRTH	9, AGE (I	n years IF UNDER 1	YEAR IF UNDER 24 HRS
Female White WIDOWE	DIVORCED [9/9/96	lost bir		Days Hours Min
10a. USUAL OCCUPAT ON (Give kind of work done 10b. K during most of working life, even if retired)	UND OF BUSINESS OR INDUS	STRY 11 BIRTHPLACE (Stale	or foreign country)	12 CITIZ	EN OF WHAT COUNTE
		W.Va.		T	J.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
George Martin		Ann	a Albright		
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO 17 II	NFORMANT	A ALOI IEIIG	Address	
Yes, no. or unknown (If yes, give war or dates of service)		Chart			
18. CAUSE OF DEATH [Enter only one couse per line	e for (a), (b), and (c).]				INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Movery	hrom bosis			len K.
420.1 DUE TO					
Conditions, if ony, which) (b)	V Discom				lank
gave rise to immediate					ondo.
lying couse lost.					
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	VAL DISEASE CONDIT	ON GIVEN IN PART	tion 19 WAS AUTOPSY
3 Recent operations @ Bu	wiews + hamme	1 ~ (/ .	1 1		PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CO Recent Operations (Description of Contributing Cause of Death OR CONTRIBUTING CAUSE OF DEATH IN EITHER, NOTIFY MEDICAL EXAMINER	RIBE HOW INJURY OCCURRED	D. (Enter nature of injury in P	ort 1 or Part II of item		100 100
	JURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form,	Tool (City)		
A Hour a.m. While	Not white for	tory, street, office bldg., etc.	201. (City of Iown)	(Co	unty) (State
21. I certify that I attended the decease	d from / MAR	. 19 57 to	26 mm	19 57 that I le	st raw the decease
alive on 26 Mars 1957	and that death	accurred at 160 C	M from the co	uses and an the	detected of the
	and mar deam		ADDRESS (Street, city of		DATE SIGN
ACTUAL Queton Brems Their	,	^	Utoma An	2 4	1 - 1019
SIGNATURE CONCESSES / CONCESSES		M.D			11/27
PHYSICIAN'S NAME (Type) Dr. C Brinsfield		232 Bal	timore Ave	4	
220 BURIAL CREMATION, 27th DATE THEREOF REMOVAL (Specify) 3/28/59	220 NAME OF CEMETERY OF	T (A h	22d LOCATION (City	, , ,	(State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		8Y REGISTRAR 24	b. REGISTRAR'S SIGN	SATURE .
At to Burgare	ThoMAS	MAR 3	0.150		ANI UNE
		A A . A . MINWER ?	0 23	Tuthing of the	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Callet I Krough

2568 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Allegany **b** COUNTY MARYLAND Marvland Allerany b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
Cun, benland 39 vrs Cu mberland d NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE OR INSPITED Shades Lane 1018 Shades Lane YES NO TO Middle 4. DATE DECEASED Robert Charles Williams DEATH (Type or print) March 1959 6. COLOR OR RACE 7 MARRIED A NEVER MARRIED 9. AGE (In years lost birthday) B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HES Months Days Male White June 3,1919 WIDOWED [7] DIVORCED T 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
Auto repair Streets Body Maryland U.S.A. STOD . 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME John W. Williams Elizabeth Cl ites Gray 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes Mrs. Robert williams Cumberland, Nd 217-10-7845 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ycloquous Leukemia PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (o), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS) PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. Day. 20e. PLACE OF INJURY (Home, form, Year 20d. INJURY OCCURRED Not while 20f (City or town) (County) (Stote) Hour o. n. factory, street, office bldg., etc.) White of work of work p. m. __, and that death accurred at ## PM, from the causes and on the date stated above. Sec margin Yes / e FADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) S. Q. WEISHAN culculand, Marylan 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) MEMOVAL (Spacify) Zion Memorial Park Cumberland, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Cumberland Maryland

V5 A15 (4) 15M 9/55 Ruth E. Silcox



CERTIFICATE OF DEATH OFOR

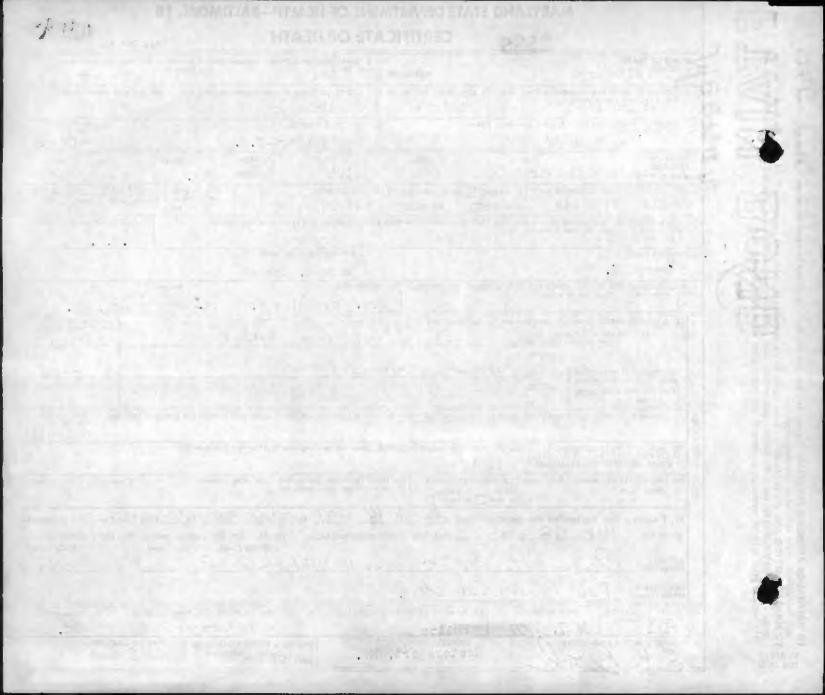
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4989				Reg. Dist. No.	
1. PLACE OF DEATH COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (Whe	re deceased lived. If institution b. COUNTY	on: Residence before a	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give necress fown) Westernport	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporate limits, write R t	URAL ond give neares	t town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION MCKinley	address)	d. STREET ADDRESS Westernport	-R.D.		S RESIDENCE ON A FARM? ES NO R
3. NAME OF DECEASED (Type or print) Violet Virginia	Middle	Wilt	4. DATE Mon OF DEATH Mar.	oth Day	Yeor 19 59
Female White WIDOWE		8. DATE OF BIRTH May 22, 1896	9. AGE (In years lost birthdoy) 62 yrs.	Months Days H	UNDER 24 HRS.
100. USUAL OCCUPATION (Give kind of work done tob. I dwing most of working life, even if retired) HOUSE WITE	KIND OF BUSINESS OR INDU Wn Home	STRY 11. BIRTHPLACE (Stole of Maryland	r foreign country)	12. CITIZEN OF	WHAT COUNTRY
Joseph E. Youst		Mary E. The			
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S [15] you, give stor or dates of service] 10. S		NFORMANT Irs. Geraldine	Add		Ma
18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). 33/ X DUE TO Conditions, if ony, which gove rise to immediate		rd Homein	rhage	INTERV	AL BETWEEN AND DEATH DOLLS
couse (a), stoting the under-	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIV	EN IN PART 1(0) 19.	WAS AUTOPSY
200, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH		D. (Enter noture of injury in Po			PERFORMED?
	_ Not while _ for	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (Cily or lown)	(County)	(Slote)
21. I certify that I attended the decease alive an Mar, 23, 1953 ACTUAL SIGNATURE Day B.	Cond that death	9. 1959, to M. occurred at 3:35 A		, that I last saw and an the date stote)	
PHYSICIAN'S PLUIR. WILL	son U.D			USAL, 2: - 4.	
20. BURIAL, CREMATION, 226. DATE THEREOF BURIAL (Specify) 3/27, 1959	22c. NAME OF CEMETERY O	R CREMATORY 2	2d. LOCATION (City, town, o Westernport	or county)	(Stote) Md.
3. FUNERAL DIRECTOR'S SIGNATURE	Westernport,	2 / 7	the state of the s	TRAR'S SIGNATURE	

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 the funeral director, thould be filed with may be retained by the haspital ar attending physicion.

TO FUNERAL PIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to burial, cremation, or remaval, and in any event within 72 hauf after death. TO HOSPITAL OR VS A15 (4) 15M 10/57

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15M 10/57

	MARY 256	AND	STATE DEPARTM	ENT OF HEALTH		TIMORE, 1	8 Reg. D	ist. No	02	5
e. COUNTY	LEGANY		MARYLAND	2. USUAL RESIDENCE (WI 9: STATE MARYLA		d lived. If institution b. COUNTY		e GAN		13.14
RURAL ond give r	(If outside corporate lim nearest town) MBERLAND	ts, write	4 HRS.34 MINS	c. CITY OR TOWN (IF	outside corpo		JRAL and	give nec	rest tow	n)
d. NAME OF HOSPI OR INSTITUTION MEMOR LA	MEMORIAL HO AND WARWI	SPITA	oddress) L /ENUES	d. STREET ADDRESS	MARYLA				e. IS RE ON . YES [A
3. NAME OF DECEASED (Type or print)	BABY	st	Middle GIRL	WOLFE	4. DATE OF DEATH	Mon MAF		Do	,	Y
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARI		MARCH 10,19	959	9. AGE (In years last birthday) yrs.	Months			-
during most of wo	ON (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS OR INDUS	CUMBERLAND		YLAND		U.S.		T
3. FATHER'S NAME	CHARLES E W	OLFE		14. MOTHER'S MAIDEN E		HOENADEL				
5. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17. IN	STORMANT		Addr	ess			-

YES NO D Day Yeor 10 19 IDER I YEAR IF UNDER 24 HRS ths Days . CITIZEN OF WHAT COUNTRY? U.S.A. MEMORIAL HOSPITAL CUMBERLAND MARYLAND 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which (b) gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. CERTIFICATION WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy. Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour e. m. While Not while of work at work p. m. 21. I certify, that I attended the deceased fram Z, that I last saw the deceased that death accurred a 2:06P alive an M, from the causes and on the date stated above. DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) Burta easant Cumberl and .Md 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Cumberland, Md. Lee ilcox DATE MAR 1 Orthor & Kraus 3 '59

sidence before admission)

e. IS RESIDENCE ON A FARM?

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